

HANDBOOK OF THE TRAINED NURSES' ASSOCIATION OF INDIA

REVISED
THIRTEENTH EDITION



PUBLISHED BY
THE TRAINED NURSES' ASSOCIATION OF INDIA
L-17, GREEN PARK, NEW DELHI-110016
2000

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Preface

The Handbook of The Trained Nurses' Association of India provides an introduction to the facts that every Indian Nurse should know and preserve in the form of this book.

First published in 1913, this is the Twelfth Edition. The last Edition was brought out in 1980. Therefore, a lot of changes had to be introduced in this useful publication to update it. This has been done with care and meticulousness at different levels.

All Schools and Colleges of Nursing should possess this book in their libraries. This is one of the most useful source materials.

I would like to thank the TNAI President, Mrs. S.A. Samuel for her constant encouragement and support in the venture. The Local Vice President, Mrs. P. Saxena helped in the work in a useful manner and I am grateful to her.

Help has come from many colleagues at the Headquarters in the process of bringing out this publication. The Assistant Secretary-cum-SNA Advisor, Miss M. David, the Assistant Secretary, Mrs. Sujana Chakraverty and the Editor of TNAI Publications, Mr. Anees Chishti have to be thanked for their sincere efforts and cooperation. Mr. Ashok Chaddha and Mrs. Mohini Mehra, involved in the publication activity at the Headquarters, have also to be mentioned for their assistance, apart from other members of the staff.

September 1997

Miss Jaiwanti P. Dhaulta

Secretary-General, TNAI

Contents

<i>Chapter</i>	<i>Pages</i>
I. The Trained Nurses' Association of India	7
II. Title, Philosophy, Objectives and Functions	17
III. Constitution	19
IV. Activities of the Association	51
V. Standing Committees and Interest Sections of the Association	66
VI. Incorporate Organisations	71
VII. Affiliations and Associations	99
VIII. Some Facets of Nursing	116
IX. Indian Nursing Council & Nurses' Registration Councils	123

Appendices

Appendix 'A' : Officers of the Association of Nursing Superintendents of India	129
Appendix 'B' : Officers of the Trained Nurses' Association of India	130

CHAPTER I

The Trained Nurses' Association of India

History

Establishment & Formation

THE Association had its beginning in the Association of Nursing Superintendents which was founded in 1905, at Lucknow. This organisation was composed of nine European Nurses holding administrative posts in hospitals. The first officers included: Miss Ellen Martin, President; Mrs. W.H. Klosz, Vice President; Mrs. Burne, Hony. Secretary and Miss Fawcett, Hony. Treasurer.

2. Like their counterparts in other countries, this small band of women was imbued with vision and a pioneering spirit. They saw the need to develop Nursing as a profession and also to provide a forum where professional Nurses could meet and plan to achieve these ends. The movement gathered momentum and soon Nurses, other than Nursing Superintendents, were seeking to share in :

- (1) upholding in every way the dignity and honour of the Nursing profession;
- (2) promoting a sense of *esprit de corps* among all Nurses; and
- (3) enabling members to take counsel together on matters relating to their profession.

3. The Association of Nursing Superintendents, therefore, sought the help and co-operation of Nurses throughout the country. At the Annual Conference held in Bombay in 1908, a decision was taken to establish Trained Nurses' Association. The Association was inaugurated in 1909. The two organisations shared the same officers until 1910 when, at the first Trained Nurses' Association (TNA)

Conference, held at Benaras, the TNA members elected their own officers.

In 1922, the Association of Nursing Superintendents and Trained Nurses' Association were amalgamated and called *The Trained Nurses' Association of India (TNAI)*.

4. The Association has established within its jurisdiction the following organisations :

Health Visitors' League (1922)

Midwives and Auxiliary Nurse-Midwives Association (1925)

Student Nurses Association (1929-30)

The members who helped tremendously in shaping the development of these organisations were Miss M.E. Raynor—H.V.L.; Miss Sallie Round—M&ANMA; Miss J.I. Robson and Miss Pitman, SNA.

5. In 1912 the TNAI got affiliated with the International Council of Nurses (ICN). The TNAI along with various responsibilities as a member had participated in the ICN Nursing Abroad Programme since 1950. Under this scheme a number of TNAI members had been placed in institutions abroad to obtain clinical experience on an "earn and learn" basis. A number of placements had been effected in Indian hospitals for Nurses from abroad. Professional visits were also arranged for Nurses visiting the country.

However, due to paucity of funds it became difficult to pay the heavy subscription and TNAI stands disaffiliated from the ICN since May 1995.

Around 1974 the TNAI became a member of the Commonwealth Nurses Federation (CNF). The association with CNF has been fruitful in any ways.

6. Constitution

The objects and mode of management of the Association are set out in the Constitution. Originally the organisation functioned along simple lines, there being a small Executive Committee which acted as the governing body, with an honorary secretary as administrative officer. Various sub-committees, e.g., the Finance Committee, Headquarters Committee, etc., were appointed for specific tasks.

7. In 1943, the Executive Committee was enlarged to be more representative and was renamed as the Council.

8. At the general body meeting of the Association held in Lucknow in 1970, the recommendations of a special Reorganisation Committee were adopted and became effective from October 1972. The important changes in the organisation were :

1. The governing body of the Association (Council) will consist of elected members, co-opted members, representatives of affiliated organisations and paid officers (without voting rights).
2. The establishment of Executive Committee in place of Headquarters Committee in 1973.
3. The representatives of general body, now called House of Delegates, meet biennially—once with General Conference and once in between the Conferences. The First House of Delegates meetings took place in 1974 at Bangalore.
4. The General Conferences of the Association were held annually till 1960 when it became biennial. These were held on alternate years to Student Nurses conferences. After the reorganization the conferences were held quadriennally. The first quadriennial conference was held at Calcutta in 1976. However since 1981 the Association has switched over to Biennial Conferences, as before.

9. Appointed Officers at Head Office

The need to appoint a full-time paid Secretary became obvious as the TNAI expanded its activities. In 1935 Miss Diana Hartley, an English Nurse, was appointed as Secretary. The first Indian to hold this office was Miss Asoka Roy, in 1948. (The names of the Secretaries are given year-wise in Annexure. At present the Headquarters consists of Secretary now designated as Secretary-General, Chief Editor-cum-Business Manager, an SNA Advisor-cum-Assistant Secretary, and another Assistant Secretary.

10. The Headquarters

The Head Office (now called Headquarters) was transferred from Madras and established in Delhi in 1942. The TNAI functioned from

several addresses until housed in 1950 at 28, Alipur Road where it remained until 1959.

11. In 1956 the Association purchased an half an acre plot of land for a building site in Green Park, New Delhi. The foundation stone was laid by Dr. S. Radhakrishnan, Vice-President of India, on October 17, 1960. The building consisting of an office block and a block of six flats to accommodate the Secretaries and domestic staff, were completed in 1961.

12. The office moved to L-16 and L-17, Green Park, New Delhi, on July 31, 1961. The opening ceremony was performed by Mrs. Indira Gandhi on September 30, 1961, in the presence of a large gathering of members, friends and distinguished guests.

One of the flats, previously occupied by the Secretary-General and three double-bed rooms in the Annexe have now been converted into Guest Rooms to accommodate Nurses coming to Delhi on visits alone or with relatives.

13. Branches and Units

In 1949 the Association adopted a resolution to organise State Branches. The first State Branch was inaugurated in Delhi (1949). Thereafter, State Branches were inaugurated in Madras, Bombay, Uttar Pradesh, and West Bengal (1950). Later on Bihar (1953), Punjab (1953), Andhra Pradesh (1954), Assam and Madhya Pradesh (1957) Branches were established. In 1969 separate State Branches were formed in Haryana, Himachal Pradesh and Punjab after these States attained separate statehood. In 1971 North Zone and North-East Zone Branches were formed. Later on, these were dissolved and now all North-Eastern States, viz., Assam, Meghalaya, Mizoram, Manipur, North-Eastern States, viz., Assam, Meghalaya, Mizoram, Manipur, Nagaland and Arunachal Pradesh have separate State Branches. Sikkim and Tripura are the States in which TNAI Branches are yet to be established. Jammu & Kashmir State Branch is experiencing some functional difficulties and the process of forming two separate units in the State is going on.

Networking of State Branches greatly facilitated the increase in TNAI membership which from 318 members in 1922 increased to 59859 till 1996. TNAI membership consisted of full Members

(qualified Registered Nurses), Associate Members (Health Visitors League and Auxiliary Nurse Midwife and Midwives Association).

In 1933 special emphasis was placed on formation of institutional (Hospital) units as a strategy to increase membership. Emphasis on formation of institutional units and zonal and district branches continues to percolate TNAI activities down to the grass root level.

14. Membership

The membership consists of the following :

Full Members : Fully qualified Registered Nurses

Associate Members : Health Visitors and Midwives and A.N.Ms.

Affiliate Members : Student Nurses and members of the affiliated organisations, e.g., Christian Nurses' League and Catholic Nurses' Guild of India

In 1922, the total membership of the Association was 318 and the membership fee was Rs. 3 per member.

In 1933, special emphasis was laid on each hospital unit and individual Executive Committee member contributing to the growth and development of the Association particularly for increasing its membership.

In 1944, the membership grew from 800 to 2,060.

In 1947, India achieved its independence and it was divided into two parts—India and Pakistan. With the independence, a new era started in the history of Nursing profession. The leaders of the Nursing profession felt the need of active participation of Nurses in professional activities and efforts were made to increase the membership of the Association. The statistical record shows the steady growth of the Association and the membership position of the Association after every ten years as given below :

1948	—	2,243
1958	—	5,449
1968	—	8,429
1978	—	11,605
1997 (July)	—	63,233

15. Sections within the Association

In 1956, another structural change was adopted to organise "Interest" Sections and following Sections were established :

Nursing Education Section
Public Health Nursing Section
Nursing Service Section
Nursing Research Section

16 (a) Nurses' Charter

In 1937 the TNAI adopted the Nurses' Charter which formed the basis for TNAI's representations to Government and other employing authorities on vital matters like upgrading, development and standardization of Nursing education (Basic and Post-Basic), improvement of living and service conditions for Nurses throughout India and registration of qualified Nurses, these being the broad aims of the Charter. These aims in successive years were reiterated and adjusted to the national needs and world trends from time to time. Sustained efforts of the TNAI also brought about the constitution of the Indian Nursing Council and also State Nursing Councils, which established a uniform system of Nursing education in the country and Nurses qualified from recognised institutions could practise in any part of the country. Details about these bodies are given in the relevant chapters. The TNAI is now represented in almost all Nursing Councils. Efforts are on to strengthen these parastatal bodies and pave the way for appointment of full time Nurse Registrars in all State Councils and representation of Nurse members in majority on these bodies to direct the affairs of the Councils.

The Indian Nursing Council Act was passed by an Ordinance on December 31, 1947. The Council was established in 1949.

16. (b) Standardization of Nursing Education

The raising of the level of Nursing Education has been written into the Memorandum of the Association and this objective is constantly before the members. In the early days, TNAI assisted in the formulation of basic Nursing curricula and, in later years, the

Association was instrumental in promoting the establishment of degree courses and post-certificate programmes in teaching and administration.

As early as 1933, an Education Committee was appointed. Today, its function is carried on by the Education Section. There is a record of a discussion at a TNAI Conference in 1931 to request some universities to grant a degree in Nursing and to include Orthopaedics, Paediatrics and Tuberculosis as special subjects to be taught in the Schools of Nursing. The Committee of Nurses appointed through the TNAI to advise the Bhore Committee (The Health Survey and Planning Committee, 1941-44) took up again the question of establishing degree courses which was accepted by the Government. The first Colleges of Nursing were established in Delhi and Vellore (Tamil Nadu) in 1946.

There is a record of a Hospital Administration Course at Lady Hardinge Hospital organized by Miss M.D. Winter, the Nursing Superintendent at Lady Hardinge Medical College Hospital, New Delhi. In 1940, a Committee was appointed to approach the Government for Postgraduate courses. At the meeting with the Government both University programmes and post-graduate courses were discussed. Priority was given to post-graduate courses to prepare Nurse Administrators for the Indian Military Nursing Service and teachers for civilian schools. The School of Nursing Administration was established in 1943 at Lady Reading Health School, Delhi, with 12 students.

The recent educational activities of the Association have been educational conferences and workshops.

After 1950, at the annual conference of TNAI at Madras, the following were organized : (i) Refresher Course in Tuberculosis. (ii) A Meeting of Men Nurses. (iii) Special meeting of Sister Tutors, Matrons and Nursing Superintendents.

The First Nursing Education Conference was held in Chandigarh in 1971, the second one at Bangalore in 1973 and the third one at Chandigarh in 1979. Management Seminars for nurses and Community Health Workers are being arranged from time to time. The first Public Health Nursing Conference was held in 1977 at Bareilly.

16 (c) Service Condition for Nurses

While the Association is not officially recognised by the Government of India, it is nonetheless considered to be on par with other service organisations. The voice of the Association is accepted in most quarters as the voice of Nurses in India, and the resolutions adopted by it and presented to the various authorities, are well received and generally accepted for implementation, sooner or later. The general improvement in living and service conditions, and the increase in salaries bear witness to the efforts of TNAI and the attention paid by the Union and State Governments to its requests. In due course, as the Association succeeds in increasing its membership, and nearly represents the total number of registered nurses in the country, it will be able to speak with even greater authority for Nursing in India.

16. (d) Relationship with Government

TNAI believes in settling the problems concerning Nurses by negotiation and Central and State Governments give due consideration to the recommendations made by the Association. The establishment of the Indian Nursing Council and the development of Post-Basic Nursing education and courses for a B.Sc. degree in Nursing are the result of the recommendations made by the Association. The TNAI had also served on the Bhore Committee and the Mudaliar Committee. The Association was also represented on the High Power Committee on Nursing and Nursing Profession appointed by the Government of India that submitted its report in 1989. The reports of these Committees regarding the targets and guidelines for the medical, nursing and associated professions in the country are significant.

TNAI has worked towards establishing Nurses at appropriate levels in various Health Departments in order to control and direct all matters connected with Nursing Service and Nursing Education. In 1941, Miss Chadwick was appointed Matron-in-Chief of Madras Presidency and worked in association with the Surgeon General. In the same year, Miss Ethel Hutchings was appointed as Chief Lady Superintendent, Auxiliary Nursing Service in the office of Director-General of I.M.S., Delhi. This post was later designated as Nursing Adviser. In 1954, Government appointed a Committee

to review conditions of service etc. of nurses.

At present, the TNAI is represented on the highest health policy-making body, the Central Council of Health. The TNAI made efforts that the Government should institute national awards for nurses annually. To begin with, there were three awards but within three years it had been increased to six and subsequently to Lady Health Visitors and Auxiliary-Nurse Midwives were also eligible for this award. It is for record that similar recognition was given earlier in 1931 for four nurses by the Emperor of British India and later to five nurses in 1936. However, no National Awards have been given since the 1986 Awards that were given away in 1989.

17. Scholarships

In an effort to assist suitable nurses towards advanced nursing education, funds were collected in 1943 from various organisations and individuals for scholarship purposes. The Association is the Trustee for the administration of funds thus raised. There are now ten different funds, four of which are for specific courses, e.g., one for a Basic degree in Nursing and another to Public Health Nursing. Two Edwina Mountbatten Scholarships for study abroad were awarded through the Association till 1975. These have now been transferred to Indian Red Cross Society. Lady Linlithgow who opened the first School of Nursing Administration, gave a sum of Rs. 23,400 for scholarships for post-graduate studies.

The National Florence Nightingale Memorial Committee was appointed in 1935 to select candidates for studies in U.K. The first candidate selected was Josephine Manual of Indore. This committee was dissolved in 1961.

18. Publications

The publications of the Association include the following :

1. *Handbook of the TNAI* (First copy published in 1917).
2. *The Nursing Journal of India*, a monthly publication, first published in 1910 and the Editor was Miss M.E. Butcher. The First Indian Editor was Miss Asoka Roy.
3. *History of Nursing in India and Pakistan* by Miss A. Wilkinson.

4. *A Public Health Nursing Manual* by Lilian Bischoff and others which is now available in its revised form of *A Community Health Nursing Manual*.
5. Hindi translation of *Basic Principles of Nursing Care* by Virginia Henderson.
6. *Indian Nursing Yearbook* was started in 1982. By now there have been eight editions of this serial publication.
7. *Simplified Microbiology*.

The Association is engaged in seeking solutions for the economic and the welfare problems of Nurses throughout India and has been carrying on commendable work. Besides attending to professional interests of the nurses the TNAI provides financial assistance of the crippled, the aged and the sick Nurses.

Although a relatively small organisation, the Association does maintain vital position for members through associations and affiliations with other national and international organisations. The TNAI strives in its own small way to add its ounce of well-being to the ailing humanity through service to the people and in fostering the promotion of healthful living.

CHAPTER II

Title, Philosophy, Objectives and Functions

The name of the Association shall be: The Trained Nurses' Association of India.

Philosophy

The Trained Nurses' Association of India believes that good health is a fundamental right of every person and that it is the responsibility of the health profession, including Nursing, to provide the kind of health care which will give each individual in society every opportunity to achieve optimum health.

As a professional person each nurse is ethically and morally responsible for giving the required care to each individual to the best of her/his ability. The profession as a whole, through The Trained Nurses' Association of India, is, therefore, obliged to help in every way to uphold these high standards and to promote the preparation of each nurse so that one is qualified to give the required care. Finally, it is the belief of the Trained Nurses' Association of India that each nurse is a member of the society and is entitled to the same individual rights, privileges, and the goals of physical, mental, economic and social development as are available to other members of the society. The profession is responsible to give such assistance as may be necessary to achieve these goals.

Objectives

The Objectives for which the Association is established are:

- (a) To uphold in every way the dignity and honour of the Nursing profession and to promote a sense of *esprit de corps* among all nurses.

- (b) To promote high standards of Health Care and Nursing Practice.
- (c) To advance professional, educational, economic and general welfare of nurses.

Functions

- (i) To establish functions, standards and qualifications for Nursing practice.
- (ii) To enunciate standards of Nursing Education and implement these through appropriate channels.
- (iii) To enunciate standards of Nursing Service and implement these through appropriate channels.
- (iv) To establish a code of ethical conduct for practitioners.
- (v) To stimulate and promote research designed to increase the knowledge on which the practice of Nursing is based.
- (vi) To promote legislation and to speak for nurses in regard to legislative action.
- (vii) To promote and protect the economic welfare of nurses.
- (viii) To provide professional counselling and placement service for nurses.
- (ix) To provide for the continuing professional development of practitioners.
- (x) To represent nurses and serve as their spokesman with allied national and international organisations, governmental and other bodies and the public.
- (xi) To serve as the official representative of the Trained nurses of India as a member of the International Council of Nurses (whenever possible).
- (xii) To promote the general health and welfare of the public through all Association programmes, relationships and activities.

CHAPTER III

Constitution

(Founded in 1908, TNAI was registered under the Societies Registration Act, No. XXI of 1860, on June 16, 1917.)

Memorandum of Association

1. Title: The name of the Association is Trained Nurses' Association of India.

2. Objects: The objects for which this Association is established are:

- (a) To uphold in every way the dignity and honour of the Nursing profession.
- (b) To promote a sense of *esprit de corps* among all nurses.
- (c) To enable members to take counsel together on matters affecting their profession.
- (d) To elevate Nursing education and to raise the standard of training.
- (e) To strive to bring about a more uniform system of education, examination, certification and registration.
- (f) To donate or subscribe to, or otherwise aid, any institution or organisation in or outside India, connected with Nursing.
- (g) To promote and provide for welfare of nurses, and to give relief by grants of money, or other aid, or otherwise as the Association may think fit.

3. Management: The management of the Association shall be entrusted to a Council which shall include amongst its members, the President, Vice-Presidents, Honorary Treasurer, Secretary-

General, Assistant Secretary-cum-SNA Advisor of the Association, and the Editor of *The Nursing Journal of India* (if a Nurse)

4. The names, addresses and occupations of the members of the first Central Committee are as follows:

Miss M. Bartleet, President of the Trained Nurses' Association of India, QAMNSI (Retired), Peach Cottage, Coonoor.

Miss F. Dent, President of the Association of Nursing Superintendents of India, Nursing Home, College Road, Madras.

Miss L.E. Mackenzie, Vice President of the Trained Nurses' Association of India, Nursing Superintendent, Lady Hardinge Medical College and Hospital, Delhi.

Miss C.R. Mill, Vice-President of the Association of Nursing Superintendents of India, Lady Superintendent, St. George's Hospital, Bombay.

Miss H.M. Thacker, Honorary Secretary of the Trained Nurses' Association of India, Lady Superintendent, Cama Hospital, Bombay.

Mrs. Blackby, Honorary Secretary of the Association of Nursing Superintendents of India, Southville, Middle Colaba, Bombay.

Miss Annie Robertson Creighyton, Member of the Executive Committee of the Trained Nurses' Association of India, Lady Superintendent, Victoria Hospital, Benaras.

Miss M.E. Butcher, Member of the Executive Committee of the Association of Nursing Superintendents of India, Lady Superintendent, Nursing Home, Ootacamund.

Miss M. Barr, Editor of *The Nursing Journal of India*, Datoobhoy Mansion, Mayo Road, Bombay.

5. Annexed to this Memorandum of Association are the amended Rules and Regulations and Bye-laws of this Association certified in the manner prescribed by the Societies Registration Act, 1860.

Rules and Regulations

(The existing Rules and Regulations, as recommended by the TNAI

Council, at its meeting held at New Delhi in November 1980, and as adopted in the meeting of the House of Delegates held at Jaipur in October 1981 & subsequently amended at Cuttack in January 1990.)

1. Name and Objects: The name and objects of the Association are as set out in the Memorandum of the Association. The Association is non-political and non-sectarian

2. Patron and Vice-Patrons: The President of the Republic of India or his wife or Vice-President of India or Chief Justice of India or Speaker of Lok Sabha shall be invited to be Patron of the Association during the term of their office. The Governing Body of the Association, hereafter mentioned as the Council, may invite Governors of the States or the Union Territories of India, their wives or other distinguished holders of offices at the Centre or State levels or in public life of the country other than politicians to be Vice-Patron.

3. President and Vice-Presidents: Members of the Association who form the House of Delegates shall elect at a General Meeting, one of the full members of the Association to be the President. Three other full members of the Association shall be elected as Vice-Presidents (First, Second and Third Vice-Presidents). Out of three Vice-Presidents, one Vice-President shall be from the place at which the Headquarters is located. The term of office in each case shall be four years. The President shall not be eligible for re-election, but shall be ex-officio member of the Council for one more term. Vacancies between General Meeting shall be filled by the Council at its discretion.

4. Membership: The Association shall consist of Patron, Vice-Patron and members. Members shall be of the following categories:

(a) **Full Members:** A full member is a person who is a Registered Nurse fully trained from an institution recognised by the Indian Nursing Council and holds a certificate of training issued by a Registration Council or Board of Examinations recognised by the Indian Nursing Council.

(b) **Associate Members:** The following shall be eligible for Associate Membership:

L.H.Vs, A.N.Ms/Health Workers, Midwives and Registered Dais who are interested in the furtherance of the objectives of the Association as laid down in the Constitution of the Association or the Rules and Regulations framed thereunder, shall be eligible for Associate Membership.

(c) **Affiliate Members:** Nursing students of all categories and members of other Nursing organisations shall be eligible for Affiliate Membership.

(d) **Institutional Membership:** Any Institute or organisation with similar objectives and philosophy as that of the TNAI shall be eligible for membership.

(e) **Honorary Fellows:** The Council shall select members of the Association who have rendered service of a very high order to the cause of Nursing and confer on them Honorary Fellowship of TNAI.

Associate and Affiliate Members shall be entitled to vote only on matters affecting their own section of the Association, but no change shall be made thereby in the policy of the Association or the subscription payable or privilege enjoyed by the members without the approval of the Council.

Institutional Members and Honorary Fellows shall have no voting rights.

5. Membership Fees: All members shall pay an entrance fee and subscription as prescribed by the General Body Meeting from time to time. In all proceedings of the Association no person shall be entitled to vote or be counted as a Member whose subscription at the time shall have been in arrears for a period exceeding three months.

6. Affiliation: The Council may affiliate the Associations/ Organisations with similar objects and whose Constitution is in harmony with that of the Association, on such terms as the Council may, by its Bye-laws, prescribe from time to time. Any organisation to be affiliated shall be an all-India or State level organisation.

7. Branches: The Council shall constitute/dissolve Branches of the Association, either by State, Union Territory, District or by classes of members on such terms as the Council may prescribe from time

to time.

The Branches so constituted shall not have separate registration and shall be as constituent parts of the main body and shall act under the guidance and control of the main parent body.

8. Management: The management of the Association shall be entrusted to a Governing Body hereinafter called the Council which shall be constituted as follows:

- (i) President
- (ii) First Vice President
- (iii) Second Vice President
- (iv) Third Vice President
- (v) Hony. Treasurer
- (vi) Secretary-General (Not eligible to vote if appointed full time)
- (vii) Assistant Secretary-cum-SNA Advisor (Not eligible to vote if appointed full time).
- (viii) Assistant Secretaries (No vote if appointed full time).
- (ix) Editor (No vote if appointed full time. A Nurse Editor only shall be the member of the Council).
- (x) President or Vice-President, one from each State/Union Territory.
- (xi) Branch Secretaries or Joint Secretaries (one from each State and Union Territory branches).
- (xii) Coopted Members (Four)
- (xiii) Chairpersons of Standing Committees and Interest Sections.
- (xiv) *Ex-officio Members*
 - 1. One elected Member of each affiliated Association.
 - 2. Hony. Secretary, H.V.L.
 - 3. Hony. Secretary, M&ANMA/MPHW(F)

4. Immediate Past President of TNAI
5. Secretary to Indian Nursing Council
6. Nursing Officer, Indian Red Cross Society
7. Nursing Advisor/Dy. Nursing Advisor/Nursing Officer, Government of India as nominated by TNAI.
8. State Nursing Superintendent/DHS/DDHS/ADHS Nursing/Nursing Officer of DHS, Nursing Officer from Metropolital Municipal Corporation, Armed Forces and Railways, nominated by the TNAI, not more than five at a time, by rotation, for a term of four years.

The *ex-officio* members shall not be eligible for the TNAI elections.

9. Executive Committee: The following members of the Council shall constitute the Executive Committee:

- (i) President
- (ii) First Vice-President
- (iii) Second Vice-President
- (iv) Third Vice-President
- (v) Hony. Treasurer
- (vi) Secretary-General
- (vii) Assistant Secretary-cum-SNA Advisor
- (viii) Assistant Secretaries
- (ix) Chairperson, Socio-Economic Welfare Committee
- (x) Nine members nominated on the Executive Committee be elected alternatively by the Council in proportion of five and four members at one time for a term of four years.
- (xi) Editor (if Editor is Nurse)
- (xii) Immediate Past President of TNAI

The Executive Committee shall meet at such time and place

as the President directs. It shall meet atleast twice a year and if necessary three times, out of which once before the Annual Council meeting. The Executive Committee shall manage all the affairs of the Association on behalf of the Council in the intervals between the regular meetings of the Council, referring to the Council all matters involving changes of policy or having important financial implications.

The quorum for the Executive Committee shall be nine of whom five shall be elected members.

10. House of Delegates: There shall be a House of Delegates consisting of Council members and one representative for every two hundred members from the States. For each fraction above hundred there shall be one representative. For branches having 50-200 members there shall be one representative. House of Delegates shall conduct the business of the Association.

The Agenda for the meeting of the House of Delegates shall include the adoption of the biennial reports, the passing of the biennial accounts, approval of the biennial budget, and the election of the office bearers of TNAI.

The House of Delegates shall meet biennially at such time and place as the Council decides. The President shall preside at all meetings. In her/his absence the First Vice-President shall take the chair. In the absence of First Vice President the Second Vice President shall take the chair. In the event of the absence of the Second Vice President, the Third Vice President shall preside over the meeting. In the absence of all the above mentioned persons, the members present shall elect any other member to preside. The Chairperson shall have a casting vote.

Two-third of the House of Delegates shall form the quorum. However, if the quorum is not complete the meeting shall adjourn for half an hour and meet again at the same place without quorum and transact the business as per agenda. This rule shall apply to all the meetings.

11. Election

(a) *Office Bearers of the Council:* The office bearers of the Council of TNAI shall be the President, Vice-President and the Hony.

Treasurer elected by the House of Delegates.

The members shall be eligible for re-election in accordance with the Rules and Regulations No. 3. Vacancies between meetings shall be filled by the Council at its discretion. The Members so elected shall hold office only for the remainder of the term of those in whose place they are to be elected. No Council member shall serve more than two consecutive terms (8 years) unless the member is elected as President or is an *ex-officio* member of an affiliated Association. No full member of the Association shall be on the Council for more than four terms. A break after two consecutive terms shall be for a period not less than four years.

Ex-officio member's term of office on the Council shall not be counted for TNAI elections.

Returning Officer shall not be eligible to contest for election to any of the offices. Returning Officer shall be appointed by the TNAI Council for one term of 4 years, i.e., for two national level elections of the TNAI.

(b) *Executive Committee:* The nine members of the Executive Committee shall be elected by the Council from amongst its elected members at its meeting by ballot: only one member shall be elected from a Branch at a time by rotation. The term shall be of four years. The vacancies arising in between shall be filled by the Council at its discretion for the interim period only.

(c) *House of Delegates:* There shall be one representative for every two hundred members from the States. For each fraction above hundred, there shall be one representative. For branches having fifty to two hundred members, there shall be one representative. They shall be elected at the General Body Meeting of the branch. The term of the members of the House of Delegates shall be of four years and they shall be eligible for re-election for one term.

12. Council/Executive Meetings: The meeting shall be called at such time and place as provided for under the regulations.

The President shall preside at all meetings of the Council, and of the Executive Committee. If she/he is not present, the First Vice-President shall take the chair, and if she/he is not present, the Second Vice-President shall preside. If she/he is not present, the

Third Vice-President shall preside. If all the aforesaid are not present, the Council/Executive Committee shall elect one of its members who is present to chair the meeting. The Chairperson shall have a casting vote.

The Council shall meet once a year at such time and place as the President directs. Two-third of the membership of the Council shall form the quorum. If, however, the quorum is not complete the meeting shall be adjourned for half an hour and meet at the same place and transact the necessary Agenda even if the quorum is not complete.

The Council may appoint Standing or Sub-Committees, with power to co-opt members to deal with special subjects. The co-opted members shall not have the right to vote. The terms of reference and rules of procedure for Sub-Committees shall be prescribed by the Council. The Sub-Committees shall submit their minutes to the Council but shall have no executive power.

Any member of Council/Executive Committee/Standing Committee who fails to attend more than two consecutive meetings of the concerned body shall cease to be the member of the Council/Executive Committee or Standing Committee, as the case may be.

13. General Meetings: The General Meeting of the Members of the Association shall be held biennially at such time and place as the Council may decide. For the inaugural session the Patron (if present) shall be asked to preside, if not, a Vice-Patron shall be asked to preside, if none of the aforesaid is present, the President, TNAI, shall preside. In case of her/his absence, the First Vice-President shall take the chair. In case of the inability of the First Vice-President, the Second Vice President shall preside. In the event of the absence of the Second Vice-President, the Third Vice President shall take the chair.

14. Special Meetings: The President, TNAI, may call a Special Meeting of the Council/Executive/House of Delegates at any time she/he deems necessary. One-third of the Council/Executive/House of Delegates may request the President to call a Special Meeting of the Council/Executive/House of Delegates. The matter to be discussed shall be circulated to the members and no other business shall be discussed. Two-third of the membership shall form the

quorum. If, however, the quorum is not complete the meeting shall adjourn for half an hour and meet at the same place and transact the business as per agenda.

15. Officers: The Officers of the Association shall consist of the following elected and appointed office bearers:

President

Vice-Presidents

Hony. Treasurer

The Secretary-General

Assistant Secretary-Cum-SNA Advisor

Assistant Secretaries

Editor of the Nursing Journal of India

Full time officers of the Association appointed by the Council shall have no voting right.

16. Grant of Money: The Association shall grant to each State Branch an annual grant for each full member in the Branch as decided by the Council from time to time.

17. Property, Bank Accounts and Securities: The property, movable and immovable, belonging to the Association shall be deemed to be vested in the name of the Council of the Association. In all proceedings, civil and criminal, it shall be described as the property of the Council by their proper title.

The Council shall authorise the President, Hony. Treasurer and Secretary-General to purchase, sell, pledge, endorse and otherwise deal with securities of the Association in such a manner as may from time to time vary or realise such investments and also to raise funds and borrow money against securities and investments of the Association. The investments etc. may preferably be made after taking advice from experts in the particular field or line wherein the investment is sought to be made.

18. Notices: Any notice required to be given to members may, unless otherwise required by the Societies Act, be given by

publishing the same in the official *Journal* of the Association.

19. Amendmants of Rules & Regulations: Any alteration to the Rules, Regulations of the Association shall be effected by a vote of atleast three-fifth of the full members of the Association present at the meeting of the House of Delegates.

20. Association's Representative to Other Organisations: An individual elected by the Council/House of Delegates as representative of TNAI to another organisation shall not be authorised to make commitments for the Association. She/he shall be required to report to the Council the findings, recommendations, terms and conditions of the organisation to which she/he is elected.

21. Publications: All the books published by Zones, States or Union Territory branches shall be in the name of The Trained Nurses' Association of India. All papers read at any meeting of the Association or at any educational programme sponsored by the Association, shall become the property of the Association. The Council may cause these to be copyrighted in the name of The Trained Nurses' Association of India.

22. Employees of the Association/Service Conditions: Persons serving under the TNAI or in any of the institutions started by it, in accordance with its aims and objects, shall be employees of the Association under the control of the Council or its delegate, and will be amenable to all the disciplines of service. The service conditions of all such employess shall be regulated by their service contract as framed by the Rules and Regulations of the Assocition and accepted by the employees.

Bye-Laws

1. Membership

All nurses applying for membership in the TNAI shall submit attested copies of the State Registration certificates where State Registration exists except that, for nurses transferring from SNA to TNAI, a certificate from the person incharge of the training school to say that the nurse has completed her course successfully, shall be sufficient. All registered nurses accepted for membership shall be

full members of TNAI.

A nurse eligible for full membership in TNAI shall be a graduate of a School of Nursing, recognised by the Indian Nursing Council, or in the case of foreign qualifications, recognised by the authority of the country concerned.

2. Membership Fee

The following shall be the Membership Fee or as is determined by the Council from time to time.

Life Membership:

Trained Nurses	Rs. 1500
Retired Nurses	Rs. 1000
HVL/ANM/Multipurpose:	Rs. 1000
HVL/ANM/Multipurpose without Journal	Rs. 700

Religious Sisters drawing no salary provided certificate to this effect is also submitted from the employer alongwith the application from: Rs. 1000

SNA-to-TNAI

Students transferring their membership from SNA to TNAI and availing the concession in Life Membership should apply immediately on passing the final examination. Rs. 1200

HVL/ANM	Rs. 800
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Foreign

Trained Nurses:	\$ 100
(Add postal charges):	

Air Mail (one year)	\$ 20
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Surface Mail (three years)	\$ 20
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Ordinary Membership Fee (With Journal): Annual

TNAI	Rs. 300
TNAI (Foreign)	\$. 40
TNAI (for Husband and Wife)	Rs. 500

LHV/ANM/MPHW	Rs 200
LHV/ANM/PHW (without Journal)	Rs. 100
Journal for SNA mebers	Rs. 150
SNA Unit Subscription per member	Rs. 25
<i>Journal Subscribers (non-members):Annual</i>	
Inland (inclusive of postage)	Rs. 350
Foreign (inclusive of Air Mail postage)	\$ 60

Concession

A concession regarding membership may be made at the discretion of the Council to nurse (I) who have been members for 20 years or more, (ii) retired on low pension, if they are not able to pay the full subscription.

- (a) Members of Student Nurses Association shall be admitted to full membership on the foregoing terms of entrance fees within six months of their completing the training by successful passing the examination and forwarding their application to the Headquarters. Such members shall pay the Life Membership subscription at the concessional rate.
 - (b) Annual Subscription is payable in advance and shall be paid upon joining the Association. Annual subscription is due each year on the anniversary date on which the member joined the Association.
 - (c) All subscription except Life Membership, shall be credited to the General Fund of TNAI. TNAI shall make a grant, per capita, or as decided by the Council from time to time, to the State Branches and the Associate organisations.

3. Affiliations

- (a) Any All-India Association or Society of nurses seeking affiliation shall make application in writing to the Secretary-General of TNAI enclosing, with the application, copies of the Constitution, Bye-laws, Rules and the Annual Report of such Association or Society. Such application should be signed by the Presiding Officer of the

Society, Secretary and one other member of the committee of management. The application shall be considered by the TNAI Council at its next meeting. The Council shall report to the next House of Delegates meeting such affiliations as have been accepted.

At the State level, a local organisation of a State level character wishing to affiliate with TNAI shall make application to the State branch concerned who shall recommend the case to the Headquarters alongwith the Constitution, Bye-Laws, Policies, Aims and Objectives of the requesting organisation. The request will be considered on the basis of similarity of objectives. Such an Association should be registered under the Societies Registration Act. The Headquarters shall arrange further processing of the application at the Executive/Council level. The Headquarters will charge a minimum of Rs. 2 per member as affiliation fee separately as may be workable with such an organisation.

- (b) Each affiliated Association or Society of nurses shall provide definite ruling/resolution in its bye-laws for the Secretary-General or another representative of TNAI to be on its committees of management. Each affiliated Association shall also elect a member of TNAI to be its representative on Council who shall have full voting powers. The expenses of attending any meeting shall be borne by the organisation concerned.
- (c) The affiliation fee shall be payable on January 1st of each year and shall be at the rate of 25 paise per annum per member. Only those organisations whose members are individual members of TNAI shall pay at this rate.
- (d) On joining the Association a free copy of the Constitution, Rules and Regulations, Bye-Laws and a brief resume of the activities of the Association shall be supplied.
- (e) One copy of the official Journal, i.e. *The Nursing Journal of India*, shall be supplied free by TNAI and extra copies upon one copy for every fifty members of each affiliated association, if requested.
- (f) Each affiliated Association shall send its Biennial Report to the Secretary-General which shall be submitted to the next House

of Delegates meeting of the TNAI.

(g) Any affiliated Association that is not in arrears of affiliation fee may withdraw from affiliation at any time, by written notice to the Council of TNAI.

(h) Should any affiliated Association cease to meet the requirements of affiliation as outlined in the foregoing Rules and if, after investigation and due warnings, it still fails to conform to those requirements within a reasonable time, the Council shall report to the House of Delegates meeting for decision as to continuance of affiliation.

4. Official Organ

The Nursing Journal of India shall be the official organ of the Association. A copy of the *Journal* shall be sent free to all the Full Members and Associate Members who subscribe to the *Journal*, as decided by the Council from time to time. Each unit shall get a minimum of two copies and a maximum of four copies of the *Journal*. Copies shall also be provided as required under Bye-Laws 3(a) and (d).

5. Duties of Officers

(a) The President, if present, shall preside over the meetings of the Council and the General Meetings of the Association and shall be an *ex-officio* member of all committees. She/he shall keep in continual touch with implementing the policies of the Association and the decisions made at Council meetings.

(b) In the event of a vacancy in the office of the President, or her/his inability to serve, her/his duties shall be assumed by the First Vice-President until the next General Meeting. In the event of a vacancy in the office of the First Vice-President or her/his inability to serve, her/his duties shall be assumed by the Second Vice-President until the next General Meeting. In the event of a vacancy in the office of the Second Vice-President or her/his inability to serve, her/his duties shall be assumed by the Third Vice-President until the next General Meeting. A vacancy occurring in the office of the Third Vice-President shall be filled by the Council until the next General Meeting. The Local Vice-President shall keep in touch with the Headquarters and take an active part in promoting the interests

of the Association.

It shall be obligatory on the part of all Vice-Presidents to attend all the meetings. If they fail to attend two consecutive meetings, they shall be disqualified from holding office.

(c) The Secretary-General shall act as the Executive Officer of the Association to implement its policies. She/he shall be responsible for the preparation for the Meetings and shall be responsible for the management of the Headquarters as prescribed in the Standing Orders and as delegated by the Council from time to time. The budget item for building, furnishing and replacement of articles shall be expended at the discretion of the Building and Works Committee of which the Secretary-General shall be an *ex-officio* member.

(d) The Assistant Secretary-cum-SNA Advisor shall act as the Assistant to the Secretary-General to implement the policies in respect of SNA. She/he shall be responsible for such other duties in the Headquarters and work of the Association as may be prescribed in the Standing Orders and as delegated by the Council from time to time.

(e) The Editor shall edit and publish *The Nursing Journal of India* and other publications of the Association. She/he shall be responsible to ensure that any official statements made in the *Journal* are in accordance with the policies of the Association. The Editor shall be the Business Manager of the *Journal* and also act as Public Relations Officer of the Association.

(f) The Honorary Treasurer shall: (i) receive the quarterly statement of accounts together with the bank statement and reconciliation remarks; (ii) countersign all pay vouchers; (iii) verify from bills that expenditure is properly regulated and accounted for; (iv) verify that selected receipts are duly booked in the cash books; (v) report to the Executive Committee and the Council, TNAI, the amount received and any investment or unusual expenditure or savings. She/he shall serve as *ex-officio* member on all the committees dealing with finances.

(g) The Honorary Secretary of the Health Visitors' League and of the Midwives and Auxiliary Nurse-Midwives' Association shall: (i) Organise units in the various States and keep in touch with the

State Branch Committees; (ii) Contact members personally when possible or by correspondence, and through the *Journal* or newsletter in order to stimulate and maintain interest in professional activities. She shall make efforts to recruit new members; (iii) Collect State report and submit a summarised report to the House of Delegates meeting through the Secretary-General two months prior to the meeting; (iv) Prepare the agenda for biennial meeting of Health Visitors League/Midwives and Auxiliary Nurse-Midwives' Association, held at the time of the House of Delegates meeting.

6. Meetings of the Council

- (a) Meetings shall be called at such time and place as are provided for under Clause 12 of the Rules and Regulations.
- (b) Notice of every meeting other than a special meeting, shall be issued by the Secretary-General not less than 40 days before the date of the meeting. In case of special meetings, 15 days' notice shall be given.
- (c) The agenda shall be prepared by the Secretary-General in consultation with the President; the agenda and explanatory notes in the final form shall be approved by the President before being issued to members. These shall be issued not less than 15 days before the meeting of the Council.
- (d) Additional items for the agenda shall be presented to the Council and Council shall decide which of the items are of sufficient importance to be added to the agenda.
- (e) The Council shall appoint a committee to frame resolutions. This committee shall report at the last session of the Council meeting. One copy of the resolutions shall be given to the President and one copy to the Minutes Secretary. Copies of previous resolutions with cross references should be made available to the Resolution Committee.
- (f) The minutes of the Council shall be authenticated after confirmation, by the signature of the President. A copy of the minutes of the meeting shall be submitted to the President within 15 days of the meeting, and after being attested by her/him shall be sent to each member within four weeks of the meetings. The minutes shall be confirmed at the next meeting of the Council.

(g) If no objection regarding the correctness of the minutes is received within 30 days of the despatch of minutes, the decisions may be put into effect before the minutes are confirmed; provided the President may direct that action be taken on a decision of the Council before the expiry of the period of 30 days mentioned above.

7. State Branches

(a) The object of State/U.T. Branches shall be to carry out the objects of TNAI as set out in the Memorandum.

(b) A member working/residing in a State or Union Territory shall be the member of that Branch of TNAI. In case of temporary change of residence, e.g., study, deputation, etc. for a period of more than a year, the member shall have an option for changing her/his membership to the temporary place of residence after informing the Headquarters and the old and new State Branches.

(c) The State/U.T. Branch Executive Committee shall be constituted as follows:

Elected Members

- (i) President
- (ii) Vice-President
- (iii) Secretary/Joint Secretary
- (iv) Treasurer
- (v) Chairperson, Programme Committee
- (vi) Chairperson, Membership Committee
- (vii) Chairperson, Public Health Nursing Section
- (viii) Chairperson, Nursing Service Section
- (ix) Chairperson, Nursing Education Section
- (x) Chairperson, Economic Welfare Committee
- (xi) SNA Advisor
- (xii) A member of the SNA to represent the Student Nurses elected by General Body of SNA.

(xiii) Representatives of Health Visitors' League, Midwives and Auxiliary Nurse-Midwives' Association/Health Workers.

(d) Election of the officers of the Branch shall be held at the annual or biennial meeting of the Branch. The procedure for nomination shall be the same as that for elections to TNAI Council except that all nominations shall be made by the members of the concerned Branch.

If the Branch has any functional difficulty in getting the Provisional Ballot Paper printed in *The Nursing Journal of India*, then the Provisional Ballot Paper shall be circulated to individual members of the Branch at least 15 days prior to the holding of the Election.

(e) The members holding office bearing positions in TNAI shall not hold office bearing position in parallel Nursing organisation and *vice versa*.

(f) The term of office of a member of the Branch Executive Committee shall be four years. The term of officer shall be extended for another period of one year, during which election process must be completed, failing which they shall forfeit the privileges attached to their office. Retiring members shall be eligible for re-election for one more term. Vacancies occurring between annual meetings shall be filled by the Branch Executive Committee. The members so nominated shall hold office for the remainder of the term of those members in whose place they are to be nominated.

(g) Members wishing to resign shall submit their formal resignations to the President of the branch for consideration and acceptance by the Executive Committee. The Branch President shall submit her/his formal resignation to the Branch Executive Committee and endorse a copy to the President, TNAI.

(h) The branch shall appoint such committees as are required from time to time.

(i) The branch shall ordinarily hold an Annual or Biennial Conference.

(j) The branch shall submit Biennial Report on branch activities to the Secretary-General, TNAI, at least two months prior to the

House of Delegates' Meeting. The branch shall also submit to the Headquarters audited annual financial statement of accounts before the end of each calendar year.

(k) *Branch Election:* The TNAI Headquarters shall take steps, if necessary, to initiate election procedure and conduct the elections as and when the same fall due.

(l) *Dissolution of Branch:* In case the branch is dissolved or ceases to function, the funds of the branch shall vest in and be taken over by the TNAI Headquarters through its Secretary-General. The Secretary-General shall initiate action in this regard immediately.

The Branch Executive is not empowered to take decision of dissolution of the Branch. If the Executive takes a decision on dissolution or if the members in the Branch request for dissolution, the Branch President shall send a resolution to the effect to the President, TNAI, who shall initiate the necessary action in the matter according to the provisions in the law and also the Rules & Regulations and Bye-Laws of the Association. If the branch is dissolved, the President TNAI, shall entrust the affairs of the dissolved Branch to an Ad-hoc Committee consisting of a chairperson and four other members of the Branch. This body shall remain effective for a maximum period of six months from the date of dissolution unless the term is extended by the Council.

(m) **Malfunctioning of Branches:** If any particular branch is not functioning in furtherance of the philosophy, objectives and functioning of TNAI or it is functioning in a manner which is detrimental and injurious to the said philosophy, objectives and functions, then the Executive Committee of the TNAI through the President, TNAI, may serve a show cause notice to the said Branch or the particular office-bearer/member, calling upon it/her/him, to show cause why the branch may not be suspended or the erring member may not be removed from the rolls of membership. After having the reply from the branch or the member concerned, the Council, TNAI, through the President, may dissolve/suspend the concerned branch or concerned member and take steps to hold election/terminate membership, as the case may be, under the constitution of the TNAI.

(n) **Office Bearers to the Branches and their Functions:**

(i) *Branch President:* The Branch President shall preside at the annual meetings. She/he shall be Chairman of Branch Executive Committee and ex-officio member of all committees.

(ii) *Branch Vice President:* The Branch Vice President shall, in the absence of the Branch President, perform her/his duties.

(iii) *Branch Secretary:* The Branch Secretary shall perform the duties usually pertaining to the office which shall include the maintenance of a register, convening regular meetings, preparing and submitting an annual report to the Secretary-General. She/he shall also keep the Editor of *The Nursing Journal of India* informed of State news of general interest. She/he shall keep contact with District Branches. The TNAI Headquarters may appoint full time paid Secretaries for the State Branches with the concurrence of State Branches and with the approval of the Council.

(iv) *Branch Treasurer:* Branch Treasurer shall: (i) conduct the financial affairs of the branch, prepare and submit to the TNAI Headquarters an audited financial statement not later than December 31, each year; (ii) apply for the yearly grant from TNAI; (iii) handle and keep accounts of the local money and TNAI grant; (iv) initiate action to raise funds for TNAI. The Branch account shall be operated jointly by the Branch Secretary and Treasurer, or by the Branch President and the Branch Secretary/Treasurer.

Note: When a Branch Secretary-cum Treasurer is appointed, she/he shall perform the combined duties of the Secretary and Treasurer.

(v) *Chairperson, Membership Committee:* The Chairperson, Membership Committee, shall be responsible for recruiting members, contacting new members who have been enrolled direct by the Headquarters and ex-members for renewal of their membership.

(vi) *Chairperson, Programme Committee:* The Chairperson, Programme Committee, shall be responsible for initiating, planning and executing the programmes or activities of the Branch such as educational, recreational, fund raising, and enhancement of the activities of the Association.

(o) **The Office Bearers to a District Branch Shall be:** Chairperson, Secretary, Treasurer and Chairperson of other

Committees as may be existing in the Branch set-up.

(p) **Quorum:** Two-third of the members shall form a quorum of the State Branch or District Branch Executive Committee. If the quorum is not complete, the meeting may adjourn for half an hour and meet again in the same place and transact the Agenda.

The quorum for the General Body Meeting of the Branch shall be the same as above.

8. Standing Committees/Interest Sections

(a) The Council shall constitute Interest Sections/Standing Committees, viz., Nursing Service, Nursing Education, Public Health Nursing, Clinical Nursing, etc. The Chairpersons of the Committees shall be nominated/elected by the Council from the Council members with the power to co-opt members.

(b) Each Committee/Section shall meet at least once in two years unless specified otherwise in terms of its frame of reference.

(c) The proceedings of the Committees shall be forwarded by the Chairpersons to the Secretary-General, TNAI, who shall place these before the Council.

(d) The term of the office of each member of the Standing Committee including the Chairperson shall be four years. Such members, however, shall be eligible for re-election for one more term only.

(e) Any member holding office/charge of a Section/Committee who shall for any reason cease to hold office shall forthwith hand over all documents, records, books, funds, assets and other property of the Association then in her/his possession to her/his successor or to the Headquarters, TNAI.

(f) The following shall be the Standing Committees and Interest Sections of the Association:

Standing Committees

Socio-Economic Welfare; Finance; Advisory; Library; Research; Regulations and Bye-Laws Revision; Scholarships; Nurses' Welfare Fund; Building & Works; Editorial Advisory Committee (Board);

Continuing Education; Disputes and Grievances.

The Terms of Reference and Functions of Each Standing Committee are:

Socio-Economic Welfare Committee

- (a) To keep a continued watch on salaries and working conditions of nurses and recommend any action by TNAI as is considered necessary.
- (b) To suggest viable programmes that will enable nurses to achieve a level of economic recognition that is commensurate with their contribution to society.
- (c) To maintain relationships with Government nurses' organisations, both at the national and at the State levels.

Advisory Committee

The Advisory Committee of the TNAI Headquarters shall consist of elected Council members residing at the location of TNAI Headquarters. The Local vice-President shall preside over the meeting of the Advisory Committee. In the absence of Local Vice-President, the Committee shall nominate a Chairperson and conduct the business. If necessary, additional local Council members may be coopted. The Local Advisory Committee shall advise the Headquarters only on matters that affect the policies of the Association including such urgent matters that cannot wait till the next meeting of the Executive Committee. *Ex post facto* sanction would have to be obtained from the Executive Committee in its next meeting.

Finance Committee

The Hon. Treasurer, TNAI, shall be the Chairperson of the Finance Committee of TNAI Headquarters. Other members shall be the Local Vice-President and Secretaries of the TNAI Headquarters. (Secretary-General and one Assistant Secretary).

- (a) The Committee shall implement the financial policies of the Association as revised from time to time.
- (b) To inspect and approve the accounts and records of the office.

- (c) To make quarterly reviews of the finance, accounts and comparison with the budget and on that basis to sanction expenses up to Rs. 10,000 on capital investments from the contingency fund, for any proposal duly cleared by the Committee.
- (d) To scrutinise the proposed budget and financial reports before these are submitted to the Executive/Council/House of Delegates.

The Finance Committee shall meet at regular intervals, at least once in three months. It shall have such executive powers as may be assigned to it by the Council.

Library Committee

To act as an advisory body and recommend policies on the use and development of the Library.

Nursing Research Section

- (a) To initiate and stimulate research studies, inquiries/surveys on problems referred to it by the Council.
- (b) To scrutinise requests for grants for research studies, inquiries/surveys and make appropriate recommendations to the Council.

Regulations and Bye-Laws Revision Committee

To scrutinise existing provisions periodically and recommend amendments and additions whenever necessary.

Scholarship Committee

- (a) To recommend policies on award of scholarships.
- (b) To initiate selection procedure through the Headquarters, TNAI; to invite and scrutinise applications, obtain references, arrange competitive examinations and interviews as may be considered necessary and recommend for award of scholarships.

Nurses' Welfare Fund Committee

- (a) To recommend policies for the use of Nurses' Welfare Fund.
- (b) To scrutinise applications, call for such references as are considered necessary and decide on amount of grants.

Building and Works Committee

To act as the advisory body in the proper maintenance of the Headquarters building complex; to recommend alterations/additions in the building and their proper utilisation. More specifically, to take action on the following matters:

- (a) To act with regard to renting out of the building to proper tenants on suitable terms and conditions. All the lease deeds to be signed for 11 months and renewed after reviewing the situation.
- (b) To formulate and periodically review matters relating to proper use of guest rooms, tariff rate, terms and conditions, etc.
- (c) To suggest plans for expansion of the building with a view to its optimum utilisation.

Editorial Advisory Committee (Board)

To act as an advisory body to the TNAI publications, especially *The Nursing Journal of India*, and to recommend the relevant policies and programmes to the Council.

Committee on Disputes and Grievances

To handle disputes and grievances at the national level and to forward its findings to the Council for final decision. It shall follow such hearing procedures by considering complaints and grievances as are prescribed by the Council from time to time provided always that such disputes are resolved and decided after affording full opportunity to the parties concerned to represent their respective cases and after giving them fair and just hearing. The principles of natural justice should always be followed in deciding such disputes which means that no party should be proceeded against without affording a full and fair opportunity to the said party to represent its case before the committee concerned. If the party concerned does not appear before the committee even after service of notice then the party can be proceeded against *ex parte* and decision can be given even in the absence of the said party.

Continuing Education Committee

- (a) To act as advisory body and decide upon action to be taken by the TNAI Headquarters on matters pertaining to Continuing

Education Programmes to be organised by the TNAI.

- (b) To assess and identify the Continuing Education needs of nurses and set priorities.
- (c) To keep a continued watch on the trends in the Nursing Education and Continuing Education needs of nurses.
- (d) To develop short-term Educational programmes for specific groups of Nursing personnel at the national and state levels. Also, to assist the State branches in developing and implementing courses for key persons in the Nursing profession and nurses in general.
- (e) To process the State branches' Continuing Education programme proposals for extending necessary help by the TNAI Headquarters.

Interest Sections

Nursing Service; Nursing Education; Nursing Research; Clinical Specialities, viz, Public Health Nursing, Paediatric Nursing, etc.

Terms of Reference and Functions of Interest Sections

- (a) To consider trends and problems in relation to their respective fields, namely, Nursing Service, Nursing Education, clinical specialities such as P.H. Nursing, and to suggest viable solutions.
- (b) To organise workshops/conferences from time to time to educate their members about the current trends in their respective fields.
- (c) To suggest improvement in professional practice and performance and to suggest guidelines for observance of proper standards.

Nursing Research Section

- (a) To initiate and stimulate research studies, inquiries/surveys on problems referred to it by the Council.
- (b) To scrutinise requests for grants for research studies, inquiries/surveys and make appropriate recommendations to the Council.

9. Representation on the Indian Nursing Council

The representative of the Trained Nurses' Association of India on the Indian Nursing Council shall be nominated and elected by the members of the Council at the Council meeting prior to the expiration of the term of office of the existing member. Election shall be carried out by ballot if there is more than one nomination. The consent of the nominee must be obtained. The term of office shall be five years. The retiring member shall be eligible for re-election.

10. Elections

(I) Election Procedure

- (a) Any full member of TNAI may make nominations for the office of President, Vice-President, and Hony. Treasurer.
- (b) "The nominations for the President shall be made only from full members of TNAI who have served for at least 2 terms of 4 years each (eight years) on the Council".
- (c) The nomination for a Vice-President shall be made only from full members of TNAI who have served for at least four years (one term) on the Council.
- (d) The nomination for Hony. Treasurer shall be made only from full members of TNAI. The member nominated as Hony. Treasurer shall be from the place where the Headquarters is located.
- (e) Nominations shall be called on prescribed forms giving the name of the nominee, the signature and TNAI number of the nominator. The prescribed form shall be printed in *The Nursing Journal of India* four months before the General Meeting. The nomination forms shall be returned to the Returning Officer, C/o TNAI Headquarters, within six weeks of the publication of the *Journal* in which they are printed.

The list of the eligible candidates for various offices shall be published in the same issue of the *Journal*. The members who are residing outside the country shall not be eligible for election.

Members who are, or had been, involved in litigation with the Association without first representing their grievances to the Committee on Disputes and Grievances shall not be eligible to contest, and shall have no voting rights. The same will be applicable

to members who are facing disciplinary proceedings in their work situation.

In case of election of the Vice-President, two Nomination Sheets shall be published in *The Nursing Journal of India*: one for candidates from the place of Headquarters and the other for candidates from States and Union Territory Branches other than Delhi.

(f) The Election Committee and the Returning Officer shall be appointed by the Executive Committee. The Returning Officer shall be the Chairperson of the Election Committee.

(g) The Election Committee shall ascertain from nominees whether they are willing to contest the election and to give consent in writing and the choice of the office in case they are nominated for more than one office. A nominee shall contest election for and hold one office only at a time.

(h) The Headquarters shall verify the validity of the nominees as well as the nominators. The Election Committee shall review nominations for election.

(i) The Election Committee shall list all valid nominations received and total the nominations for each nominee for the office of the President and Vice-Presidents, all nominations shall be included in the ballot paper provided the contestants are willing to deposit a sum of Rs. 250 as security money. This amount shall be refunded to all the contestants who obtain at least 5% of the total votes polled. For other offices, the names of three members who receive the highest number of nominations or at least obtain 5 nominations shall be included in the ballot paper.

The provisional ballot paper prepared by the Election Committee and a brief bio-data of the nominee shall be published in the *Journal* for the information of the members before the General Body meeting of the House of Delegates in which the election is to be held. Each eligible nominee may send the name of a representative who shall be present at the time of the election and counting of votes.

Any contesting candidate whose name has appeared in the Provisional Ballot Paper may, by giving in writing to the Returning Officer, withdraw from the contest within a period of 10 days of publication of the ballot paper. The name of such a candidate shall

be deleted from the ballot paper.

(j) The Election shall be carried out by ballot at the meeting of House of Delegates.

(II) Eligible Voters

(a) The eligible voters shall be members of House of Delegates. The TNAI Headquarters shall inform the Branches about the number of delegates that each Branch shall elect at least four months prior to election.

(b) The Branch shall submit the list of eligible voters with their addresses and TNAI numbers at least two months before the election. The list of voters could be made available to the contestants from Headquarters on request.

(c) The list shall also include an equal number of additional names of eligible voters to replace the House of Delegates in case of dropouts.

(d) The Voters' List shall be prepared by the TNAI Headquarters, State-wise, which shall be available at the entrance of the Election Hall with each Polling Officer. In the event of the Returning Officer not being physically present on the day of elections, the President may nominate a Council Member to officiate as the Returning Officer and such member shall have the custody of the keys of the Ballot Boxes.

(e) The Returning Officer at the time of election shall appoint the required number of polling officers, tellers, and supervisors for the purpose of election.

(III) Voting Procedure

(a) No canvassing shall be permitted on the day of election. On the day of election, no person other than the voters shall be permitted within the area of the polling booth.

(b) The voters shall queue up at the polling counters and shall indicate their names and membership numbers to the polling officers before entering the hall. Polling officers shall check the names and membership numbers of the eligible voters from the voters' list and score off the names of voters in red ink. The voter shall also sign

against her/his name in the eligible voters' list before entering the Election Hall.

(c) The voters shall then enter the Election Hall to get the identity mark on their left hand forefinger, with indelible ink, and receive the ballot paper.

(d) Separate ballot papers in different colours shall be issued for each office. In case of Vice-Presidents' election there shall be two ballot papers, one for the candidates from the place where the Headquarters is located and the other for candidates from other Branches.

(e) Ballot papers shall be printed with counter-foils which will bear no identity of the voters except that they will have the same serial number.

(f) The empty ballot boxes shall be inspected by the polling officers, tellers, supervisors and representatives of the contestants. The boxes shall then be locked and sealed before placing these in different polling booths.

(IV) Election Results

(a) Immediately after the polling is over, the Ballot Boxes shall be opened by the returning Officer, in the presence of the polling officers, tellers, supervisors and representatives of contestants and ballot papers shall be counted. Each member present shall keep a separate count of votes. As each ballot paper is accounted for, it will be scored off by the Returning Officer. From time to time the counts of ballot papers by all shall be checked and the total tallied.

(b) Invalid ballot papers shall be counted and kept separately in a sealed envelope. After all the ballot papers have been counted they shall be placed in a cloth bag and sealed in the presence of all the officers concerned.

(c) After the count of votes for all the office bearers is completed signatures of all present will be taken and the result will be announced by the Returning Officer immediately and the result sheet shall be handed over to the President who shall make a note on the elections that have been held and declared validly in her/his presence and she/he should sign the same.

(d) The contestant getting the highest vote shall be declared elected to the concerned office. In case of Vice-Presidents' election, three candidates obtaining the highest number of votes shall be declared elected as First, Second and Third Vice-President respectively. The contestant getting the highest votes from the Headquarters Ballot shall be the Local Vice-President. The other two contestants getting the highest votes from the State/Union Territory/Ballot shall be the two other Vice-Presidents. In case both the contestants belong to the same State/Union Territory the one with lesser votes shall be replaced by the candidate getting the next highest number of votes from another State.

(e) The ballot papers shall be destroyed 30 days after the elections, if there are no disputes.

(V) Election Dispute

All disputes will be settled by a committee consisting of: (1) The Vice-President as Chairperson stationed at the place where the Headquarters of the TNAI is situated. (In case of dispute about Vice-Presidents' election, the President shall be the Chairperson of this committee); (2) Returning Officer; (3) Secretary-General, TNAI.

The decision of this Committee shall be final. But an appeal regarding the decision, if any, shall be made to the Council, TNAI, within 30 days of conveying the decision of the Disputes Committee to the candidate and the President shall call a Special Meeting of the Council, if necessary. A member who has not followed this procedure shall not be entitled to take the matter to the court.

(VI) Election to the State/Union Territory/Distt./Local Branches

Branches shall have a House of Representatives consisting of TNAI Branch Executive members and one representative for every 25 members from Zone/Dist./Institution. For fraction of 10 and above there shall be one representative.

Branches may develop separate guidelines to conduct elections suited to them and conforming to TNAI election procedure. These may be approved by the TNAI Council alongwith their respective Branch Constitutions and Bye-laws.

11. Railway Concession

Travel concession certificate shall be issued by the Secretary-General, TNAI, from the TNAI Headquarters. Such certificates are not issued when P.T.O. is availed of by the Government employees.

12. Travelling Allowance

First class railway fare shall be paid to Officers and Council members attending the Council meetings. The Travelling Allowance shall be paid as determined by the Council from time to time.

13. Audit

All Accounts of the Association and its Branches shall be audited half yearly or yearly respectively.

14. Endowment Fund

(a) A portion of Life Membership fee as determined by the Council from time to time shall be put into the Endowment Fund and invested in the Government Securities, or in Fixed Deposits with the Nationalised Banks. The annual income from such investments shall be availed of without any restriction for the ordinary working expenses of the Association, but accumulation in the fund shall not be normally diverted for any purpose except by a decision of the Council arrived at by three-fifths majority.

(b) All money held by the TNAI in the Endowment Fund shall be invested as aforesaid as soon as adequate amounts are accumulated without waiting for special sanction each time.

(c) When the accumulation in this fund has reached Rupees twelve lakh, the position shall be reviewed by the Council to decide whether any further accumulations are necessary or any changes are called for in the administration of the fund. Such a decision shall also require the support of a three-fifths majority of the members of the Council attending the meeting of the Council.

CHAPTER IV

Activities of the Association

The Trained Nurses' Association of India is the national body of practitioners of Nursing at various levels. The main idea behind the establishment of the Association was to uphold in every way the dignity and honour of the Nursing profession and to promote team spirit, apart from enabling the members to represent their grievances and express their point of view to concerned quarters in events of problematic situations.

While the stress is on orientating the members to the real needs of the profession, the regular activities of the Association are organised in such a way that those associated with them have a sense of participation in all the programmes of direct professional relevance along with treating the Association as a major source of inspiration and provider of title delights of life occasionally.

While members at some of the Branches and Units are more active in their participation in the TNAI activities than those at others, the Association has undoubtedly come to be recognised as a major link between the vast number of Nurses in various parts of the country, and even some abroad.

RAPPORT WITH GOVERNMENT OF INDIA

1(i). Government Recognition as Service Association

The Association is considered to be on a par with other service organisations. A copy of the letter from the Ministry of Health, Government of India to all the State Governments communicating recognition of the TNAI as a Service Association on par with other Associations is given :

(See Next Page)

MP-100
14902

No. F. 8-3/50-M. II
Government of India,
Ministry of Health, New Delhi, the 14th June, 1950

From

Harbans Singh, Esquire,
Under Secretary to the Government of India.

To

All Parts (A) and (B) State Governments.

Subject : Trained Nurses' Association of India—Recognition by the Government of India.

Sir,

I am directed to say that it has been brought to the notice of the Government of India, that in a certain State a registered Nurses Union struck work and caused considerable difficulty to the functioning of a hospital in that State. The Government of India are of the view that the members of the nursing profession employed under the various Governments should not be permitted to join any Union where the right to strike work has been conceded to its members and that if any such Unions have already been formed by them, they should not be recognised by the State Governments concerned. At the same time the Government of India feel that some machinery should be provided for dealing adequately with the grievances of the nursing profession without making it necessary for the members of the profession to go on strike. The Trained Nurses Association could in the opinion of the Government of India, well serve as a forum for voicing such grievances. But under the existing rules this Association cannot be accorded formal recognition by Government as it consists of members employed under Government as well as those carrying on private practice in the nursing profession. The Government of India have, therefore, decided that the Association should be considered to be on a par with other recognised service Associations in the matter of facilities for meetings, enrolment as members of Government employees etc. I am to request that, if there is no objection, the Government of Madras etc. may kindly adopt the same procedure in respect of the Association. The Government of India will be glad to be informed

in due course of the action taken by the State Government of the matter.

Yours faithfully,
Sd/-
(Harbans Singh)
Under Secretary

The voice of the Association is accepted in most quarters as the voice of Nurses in India, and the resolutions adopted by it and presented to the various authorities are well received and generally accepted for implementation, sooner or later. The general improvement in living and service conditions, and the increase in salaries bear witness to the efforts of the TNAI and the attention paid by the Union and State Governments to its requests. In due course as the Association succeeds in expanding its membership and more nearly represents the total number of registered Nurses in the country, it will become an even greater authority for Nursing in India.

1(ii). Issue of Railway Concessions

In 1991 Railways granted concession to TNAI members and the Association was authorised to issue certificates to members for getting concession. Previously, the concession was available in all classes of railway compartments. In the 1980s the Government reduced the extent of concession and its rate for all categories. For Nurses it was reduced from 50 per cent to 25 per cent and it is now available in second class only. This in a way is serving as a financial relief to many Nurses. Students are given 50 per cent concession for educational trips.

2. Affiliation with Government Committees and Councils

The Government of India has all along appreciated the importance of TNAI as the National Association of Nurses and following the formal recognition in 1950, it was involved in all governmental endeavours in the field of Nursing and given the opportunity to put across its point of view on all matters of consequence. This was largely due to the great interest of Rajkumari Amrit Kaur in nursing, the first Minister for Health in independent India. The committees

and investigative bodies launched by the Central Council of Health to study problems and prospects of the profession consult the Association on various matters and give weightage to its viewpoint.

The contribution of TNAI to the findings of Bhore Committee¹ and Mudaliar Committee² as well as to other similar bodies has been considerable. Its views have been considered as the most authentic for the nursing profession in processing the findings of such official committees. TNAI played an important role in the High Power Committee on Nursing and Nursing Profession (Report : 1987).

The Central Council of Health (CCH) has also been drawing on TNAI's experience for its recommendations on various aspects of the profession. It can derive ample satisfaction from its role in setting of norms and professional standards in our field of activity in cooperation with the CCH.

The Indian Nursing Council (INC) which was actually mooted by the TNAI has been doing work in the field of nursing education and establishment of professional norms at different levels. The TNAI is associated in most of its activities and its links with the INC have given rise to a number of endeavours for the promotion of Nursing education and other aspects of the profession.

3. Affiliation with Other Organisations

The activities of the Association cannot be of proper use to the society unless it takes an interest and participates in the work of other agencies concerned with the total welfare of the community. The TNAI, therefore, keeps itself informed of developments that take place in many areas of health activity. It is an associate member of many other associations and societies doing welfare activities in their own fields. These societies are: Indian Red Cross Society, Indian Public Health Association, Association for Social Health, Indian Hospital Association, Federation of Delhi Hospital Welfare Societies, Tuberculosis Association of India, Indian Leprosy Association and National Institute of Public Cooperation and Child Development. These associations and institutions too involve themselves in the activities of TNAI on a reciprocal basis.

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1. Bhore Committee : The Health Survey and Development Committee, 1943-1945.
 2. Mudaliar Committee : The Health Survey and Planning Committee, 1959-1961.

The TNAI takes part in the activities of important social organisations devoted to the welfare of women, especially National Council of Women in India, National Federation of Indian Women and All-India Women's Conference. The Association is invited to all important deliberations of such bodies and effort is made by the TNAI representatives to keep these organisations informed of the problems of practising nurses.

In 1936 Nurses' Auxiliary of the Christian Medican Association (CMAI), known as Christian Nurses' League (CNL) since 1954, was affiliated to TNAI. Another organization with which TNAI is associated or affiliated is: Catholic Nurses' Guild of India.

4. Affiliation with International Council of Nurses (ICN)

A landmark was TNAI's affiliation with International Council of Nurses (ICN) in 1912. Both ANSI and TNAI united for this purpose. TNAI was among the first eight National Nurses' Associations (NNAs) which joined ICN and was represented first time at its Congress at Cologne. Miss Dora Chadwick (President, TNAI: 1933-41) was appointed to ICN's Education Committee in 1930. The first Indian Nurse delegate who attended ICN Congress in Rome (1933) was Miss B.J. Singh. In 1957 for the first time the President and Secretary attended the ICN Congress in Rome as official delegates. In 1973 for the first time four Indian students attended ICN Congress in Mexico.

Affiliation with ICN offered many opportunities for broadening the professional horizon and bringing forth newer ideas. The 'Nursing Abroad' programme of ICN assisted Indian Nurses in their work and study abroad. In recent years the ICN sponsored a Socio-Economic Welfare Project (1989-91) through which about 300 Nurses from different parts of the country received Training in Leadership Development and Management Skills. Mrs. Rita Sarkar was appointed Coordinator of the project. Mrs. Narendar Nagpal, then Secretary-General, TNAI, attended during 1990-91 ICN workshops in Seoul and Tokyo on Nursing Regulations. Her participation in these international workshops has been useful in bringing about amendments in Indian Nursing Council and State Nursing Councils Acts to follow up workshops for the Council Registrars in collaboration with INC. This was in pursuance of the Association's objective of raising the standard of Nursing education

and practice through necessary regulations. In these long years of affiliation TNAI representatives often got elected to the ICN Board of Directors as Area Members from time to time and also as Vice-President. Some ICN officers visited TNAI Headquarters and also some of them attended TNAI Conferences: Barbara Fawkes, Executive Director (1977), Miss Constance Holleran, Executive Director (1985, 1986), Miss Martha Quivey, Vice-President (1991). Their visits provided for mutual sharing. However, there has been a setback in the continuity of TNAI affiliation with ICN in recent years due to financial constraints. Since May 1995 TNAI stands disaffiliated from the ICN.

5. Affiliation with Commonwealth Nurses Federation

Around 1974 the TNAI became a member of the Commonwealth Nurses Federation (CNF). The association with CNF has been fruitful in many ways.

Dr. (Mrs) S. Krishnan, Mr. C.P.B. Kurup, Sr. Francesca Vazhapilly and Mrs. Narendra Nagpal have served as Vice-President and/or Area Member on the Federation.

6. Affiliation with Scholarship Funds

One of the ways in which the TNAI carries out its educational objectives and serves the cause of nursing, is by being the Trustee for various scholarships. These are listed below and the rules and regulations regarding application and contractual agreements connected with them appear in this section.

6 (i). Kapadia Memorial Scholarship Fund

This fund was created in 1946 by the School of Nursing Administration, Bara Hindu Rao, Delhi in memory of 'Pestonjee Nowroji' and 'Roshan Postonjee' with an initial donation of Rs. 500 by Miss G. Kapadia in March, 1946. The Fund was entrusted for the purpose of administration to the Trained Nurses' Association of India. It was to be built up gradually through collections from the school, and it was proposed that when the income from its interest would become sufficient, a scholarship could be awarded to any deserving nurse for higher studies in India in nursing administration.

6 (ii). Margaret Jehan Scholarship Fund

This fund was created with an initial donation of Rs. 12,000 and subsequent donations made by Dr. G. Stapleton, W.M.S., in 1944. The objective of the fund was to provide a scholarship for nine months every year to enable a nurse, preferably from Hospital for Women and Children in India, to take the Sister Tutor's Course at the Delhi Postgraduate School of Nursing.

6 (iii). Ajmer Minto Sisters' Scholarship Fund

This fund was created with an initial donation of Rs. 25,300 made by the Rajputana Branch of the Lady Minto Nursing Association in 1946. The fund was named "AJMER MINTO SISTERS' SCHOLARSHIP." Out of the income from interest, scholarship of the value of Rs. 900 per year is awarded to a candidate for four years for doing B.Sc. (Hons.) Degree Course in Nursing in the College of Nursing, New Delhi. The selection of the candidate is made by the College of Nursing and recommended to TNAI for award of the scholarship.

6 (iv). Lady Linlithgow Scholarship Fund

This fund was created in October 1943 through a generous gift of Rs. 23,400 made by H.E. Lady Linlithgow on the eve of her departure from India. This scholarship is given for the training of nurses for administrative and teaching posts in hospitals and schools of nursing in India.

6 (v). Rajkumari Amrit Kaur & Miss Adranvala Scholarship Fund

This fund was created with the donation of Rs. 4,214.50 in 1954, Rs. 2,189.50 in 1955, and Rs. 833.62 in 1956 totalling Rs. 7,237.62 made by various institutions in India for awarding scholarship in the name of the former Union Minister of Health. T.N.A.I. contributed Rs. 1,000 per year from 1960 to 1963 and Rs. 500 per year from 1964 to 1966. The original intention was to establish a scholarship for Public Health Nursing, but now a grant out of the income from

interest of this fund is to be awarded to a nurse for research, in any aspect of nursing.

6 (vi). Tata Memorial Scholarship Fund

This fund was created in 1947 with an initial donation of Rs. 15,000 received from the trustee of Sir Dorabji Tata Trust as Tata Memorial Scholarship Fund. Out of the income from interest a scholarship is to be awarded to a nurse for post-basic or post-graduate studies in College of Nursing, New Delhi.

6 (vii). Lady Minto Nursing Scholarship Fund

This fund was created from India's share of the funds of the Lady Minto Nursing Association with an initial donation of Rs. 1,65,848 in 1949 with a second instalment of Rs. 11,529 received in 1950.

6 (viii). Military Nursing Service Scholarship Fund

This fund was created in 1943 with the donations and collections made by the Military Nursing Service reserve mess account, for awarding scholarship (out of the income from interest) for higher studies in Nursing to any nurse of the Military Nursing Service.

6 (ix). Florence Nightingale Fund for Research in Nursing

This fund was entrusted some time in 1942-43, to the Trained Nurses Association of India by the Indian Red Cross Society. In the early years the income was utilised for scholarships for study in U.K. but in view of the high costs for the courses to be undertaken in U.K., it was decided to use the income for research in Nursing.

6 (x). Rules for Scholarship in India

(a) Courses of Study

Teaching and Administration, B.Sc. (N) Post-Basic and M.N. degree programmes.

Public Health Nursing or any other post-certificate course given in an institution recognised by the Indian Nursing Council.

(b) General education

The candidate should meet the requirements of the institution, but ordinarily, it would be Ten Plus Two or an equivalent examination.

(c) Professional education

Registration as a general nurse and midwife. In case of men nurses, evidence of having training in a special subject instead of midwifery.

(d) Professional experience

A minimum of two years bedside nursing experience in an institution for Ward Administration course; three years experience for a Tutor's course, and five years for a course in Nursing Administration. In all cases the requirements of the institution should be met.

(e) Applications

Applications will be invited through *The Nursing Journal of India* in December/January every year.

(f) Selection

Selection will be made by the Committee appointed for this purpose as per the information obtained from the application form and confidential reports.

(g) Scholarship

The student will receive the scholarship through the head of the institution to which she/he is admitted for study.

(h) Agreement

An undertaking to continue in service for two years within three months of completion of the course or to refund the amount paid to her/him in case of default will have to be executed by the student on the prescribed form.

(i) General

The candidate should be a member of the TNAI for at least three years, preferably a Life-Member.

The candidate will have to seek admission directly in the institution she/he proposes to join and also make her/his own arrangement for getting leave from the institution in which she/he is employed.

The information of the award will be communicated to the candidate by the Secretary of the Scholarship Committee to whom the Selection Committee will give report.

The Secretary of the Scholarship Committee will request the Hony. Treasurer, TNAI, to make payment to the institution after the student has joined it.

The Secretary, Scholarship Committee, will submit an annual statement on whether the Students who had secured the scholarship continue to hold posts in institutions for the period required in the agreement. A report on their work will also be called for from the institution in which they are employed.

7 (i). Diamond Jubilee Fund

The TNAI created a Diamond Jubilee Fund to promote Nursing education on the occasion of the Diamond Jubilee celebrations. In 1968, a Committee under the chairmanship of Mr. M.A. Ahad was formed at the national level to celebrate the Association's Diamond Jubilee.

The fund has been used for major projects and programmes in the field of Nursing education and research. It was utilised for holding three national conferences on nursing education in 1971, 1973 and 1978. An orientation workshop for Presidents and Secretaries of the State Branches of the North Region was also organised in Chandigarh in December 1976. A Public Health Nursing Conference was organised by the TNAI at Bareilly in 1977. All the conferences were successful and have provided certain important guidelines for future work.

7 (ii). Platinum Jubilee Fund

In 1983 A Platinum Jubilee Fund was created. It has been used primarily for establishing the Guest Rooms facility at the Headquarters.

7 (iii). Florence Martyn Computer Fund

Ms. Florence Martyn, a senior member of TNAI, who lived abroad willed an amount of about Rs. 1,40,000 for TNAI in 1986. This was used for establishing a Computer Unit at the Headquarters, named

after her.

7 (iv). Ms. T.J. Mehta Memorial Fund

The TNAI's former President, Miss Durga J. Mehta, had committed to establish this fund to a reasonable level which can be utilised for research activities of the Association. She is contributing Rs. 5,000 every year.

8. Colloaboration in Research Activities

The TNAI has been conducting studies on aspects of nursing on its own as well as in collaboration with some other agencies. In 1966 a small but valuable Time Study was done in collaboration with the College of Nursing, New Delhi under the direction of Dr. (Mrs.) Sulochana Krishnan.

Amongst the important projects on which the TNAI worked entirely on its own resources is the one relating to the Study of Socio-Economic Status of Nurses in India, conducted in 1972. The study included survey on pay-scales and working conditions of Nurses as well as important issues regarding the nurse-patient ratio and the place of nurses in society.

This study was conducted by the Nursing Research Section of the TNAI and its findings are of far-reaching consequence.

Among the important projects on which the TNAI worked in this regard is the 'Nursing Survey in India', in collaboration with Coordinating Agency for Health Planning (CAHP), now known as Voluntary Health Association.

The TNAI participates in studies and orientation programmes conducted by Indian and international agencies. It worked in collaboration with the International Confederation of Midwives on the Working Party organised by the I.C.M. at New Delhi in November 1976.

9. National Conferences

The TNAI now holds its national conferences biennially. Till 1960 the Association was having annual conferences at the national level. These became biennial and were held on alternate years to Student Nurses Association Conferences. The House of Delegates met

biennially. For sometime the Association switched over to a system of Qudrennial Conferences and the First Qudrennial Conference was held at Calcutta in 1976. However in 1981, the system of Biennial Conferences was revived that is being followed currently. The Student Nurses Association also holds its national conferences biennially. The Biennial Conferences of TNAI and Student Nurses Association follow each other in consecutive years. On the occasion of the TNAI Biennial Conference, both the General Body of the TNAI and its House of Delegates meet simultaneously.

10. Continuing Education

The Association has undoubtedly come to be recognised as a major link between the vast number of Nurses in various parts of the country and even some abroad. From the very beginning the Association has believed in the fundamental right of people to have good health and Nurses as health professionals to help people to attain or maintain an optimum level of Health. It has believed in continued updating of Nursing knowledge and skills through Continuing Education.

In 1988 the TNAI Council approved the appointment of another Assistant Secretary to increase the Continuing Education activities and to facilitate regular organisation of short-term programmes for Nurses. Mrs. V. Chabra was first appointed to coordinate Continuing Education activities and now Mrs. Sujana Chakravarty is responsible for this work.

Since 1984 onward TNAI Headquarters has been organising a minimum of two programmes of a week's duration every year. In 1994 the Association also took a project of Training Trainers for HIV/AIDS. Under this project 200 Nurses were trained. Earlier, the Nursing Education Section organised the All India Nursing Education Conferences in 1971 (Chandigarh), 1973 (Bangalore) and 1978 (Chandigarh). The All India Conferences of Public Health Section, TNAI, were held in Calcutta (1977), Delhi (1984), Hyderabad (1985), Guwahati (1987), Coimbatore (1986) and Bombay (1988). Thereafter, since 1993 Sectional Programmes have been held concurrently with TNAI Conferences.

11. Celebration of International Nurses' Day

The birthday of Florence Nightingale (May 12) is celebrated as International Nurses' Day every year. The TNAI organises a fitting celebration on this occasion at the Headquarters and publicity is given on the life and work of the Lady with the Lamp. Some eminent personalities are associated with these celebrations so that the young nurses can draw benefit and inspiration from their experiences. The information about the nursing profession is propagated through various publicity media.

Most of the Branches and Units of the TNAI all over India celebrate Nurses' Week. They hold meetings, conferences, dramatics and debates and various competitions and sports, etc., with the year's Nurses' Day theme which is given by the International Council of Nurses.

12. Welfare Activities

12 (i). Nurses' Welfare Fund

As far back as 1938, the TNAI became conscious of the need for some concrete financial aid to nurses who were old, and having spent their lives in the service of others on small salaries, and with little or no pensions, found themselves in difficulty. By 1939 the Elderly Nurses Fund had been opened with a small sum of Rs. 250. In 1952, to serve a purpose, the name of the Fund was changed to Nurses' Welfare Fund. Rajkumari Amrit Kaur donated a sum of Rs. 1,500 for the nurses requiring assistance. Assistance from this fund is available for any deserving nurse, midwife, A.N.M. or Health Visitor or any student of nursing courses whether or not she is a member of the TNAI.

The fund depends entirely on donations from nurses and those interested in nurses. Many nurses in need have been helped by this Fund on numerous occasions. A number of old and handicapped nurses are receiving help on a regular basis.

12 (ii). Staff Welfare Fund

A Memorial Fund in the name of late Miss Lakshmi Devi was created for the Headquarters staff in 1970. Reimbursement of a fixed amount in a year for the medical expenses incurred by the staff could be made from this fund. The fund called the 'Lakshmi Devi Staff Welfare

Fund', has been built up by monthly contributions from the members of the Staff and donations made by TNAI members till the end of 1976. On several occasions, members of the Headquarters staff have been given help. As now fixed monthly allowances are paid by the office to the TNAI's staff members the money in the fund is deposited in the bank and can be utilised only in cases of dire need or at times of emergency.

13. National Awards

The scheme of National Awards for Nurses was introduced by the Government of India in 1971 at the suggestion of TNAI. It was initially open only to Nurses employed in government institutions. Later on, the Government accepted the recommendation of the TNAI for their being open to Nurses working in voluntary health service agencies who are rendering yeoman's service to humanity.

There were three awards for General Nurses and three awards for Health Visitors and Auxiliary Nurse Midwives. The number of Awards was increased to 31. But no Awards have been given since the 1986 Awards. TNAI is trying to re-start the presentation of the Awards.

Each award carried a certificate of merit and a medal/cash award of Rs. 1,000.

The TNAI, through its official organ, *The Nursing Journal of India*, and through correspondence also circulated detailed information about the awards and saw to it that members qualified for such awards were considered. Most of the awardees were members of the TNAI. In 1976, all the National Awards were given to TNAI members.

14. Maintaining Personal Contact with State Branches

The Secretaries of the TNAI undertake each year tours of different parts of the country to get acquainted with the problems faced by the nurses. Sometimes such tours coincide with State level meetings to Branches and the occasion is utilised for getting information on specific problems of the Nursing personnel. In some cases, the Secretary visits a particular place on receipt of a specific complaint or grievance of an urgent nature and tries to about both a solution of the problem.

15. The Nursing Journal of India

The Association brings out a monthly magazine, *The Nursing Journal of India*, as its official organ. The *Journal*, which is published in the first week of every month, is the main link for communication between the members of the Association on all important matters.

Apart from carrying regular news features like 'Nursing World', 'Branch Affairs', 'Students' 'Forum', 'Readers' Views', 'Books', etc., the *Journal* gives in each issue a number of special articles on important subjects of professional interest and research value written by experts in various fields of Nursing education and research. These are very useful for extending the horizon of the Nurses to newer and newer areas of knowledge and experience. The Editorial (or the leading article) every month puts the burning problems of the day in a proper perspective, whereas the professional, cultural and educational activities of Nurses are highlighted in the abovementioned news columns.

On the organisational front, Nomination Sheets and Ballot Papers for the election of the Association's Branches are published in the *Journal* so that the members of the respective Branches could be informed about the various contestants from amongst whom they could elect office bearers.

The *Journal* is the most authentic publication on problems and prospects of Indian nursing and is read by all those interested in the developments in this profession all over the world. It is indexed in all important libraries and bibliographic units. Every member of the TNAI receives the *Journal*.

The Secretary-General of TNAI, Miss Jaiwanti P. Dhaulta is the present Chief Editor of the *Journal*. Mr. Anees Chishti is the Editor who looks after the technical and professional aspects of the *Journal* and brings it out in consultation with the Chief Editor. There is an Editorial Advisory Board to lay down guidelines for the editing and publication of material in the *Journal* from time to time. The Board normally meets once in six months and all important matters are discussed at such meetings.

CHAPTER V

Standing Committees and Interest Sections of the Association

TNAI activities progressed as per need of the hour. In 1951 it appointed a Sub-Committee for Tuberculosis Nursing and TNAI was also associated with Tuberculosis Association of India. In the same year it formed a Men Nurses' Sub-Committee. But as TNAI is a non-sectarian organization without a gender bias, this Committee was abolished later on.

Miss Sheila Quinn, Director, Economic and Welfare Division, ICN, Visited TNAI in 1962 in connection with Socio-Economic Welfare issues of Nurses in India and visited five States. On one of her recommendations a Socio-Economic Welfare (SEW) Section was formed in 1963. Similar Committees were constituted in the States. The TNAI, on formation of this Section in 1967, conducted a detailed survey on 'Social and Economic Problems of Nurses' which provided a useful base for further efforts of the Association in this direction. TNAI has also been presenting its memoranda on behalf of Nurses in the country to the Central Pay Commissions from time to time and providing counselling and guidance to Nurses on SEW matters.

In 1959 a Standing Committee for Nursing Research was established with Miss M. Craig as the Chairperson. This, in 1991, was renamed as Nursing Research Section with Dr. A. Bhaduri as Chairperson. This Section studies the need for Research in the Nursing fields and also conducts Workshops/Seminars/Plenary Sessions on Research related subjects.

Other Interest Sections that provide for mutual sharing and taking up of related issues include Public Health Section (1956). Miss A. Korah was its first Chairperson. The same year Nursing Education Section was also formed headed then by Miss E.

Buchanan. Nursing Service Section came into being in 1960. Mrs. B. Thakurdas was the first Chairperson

1. Socio-Economic Welfare Committee

Apart from going into specific questions of the pay-scales and salaries of all categories of nursing personnel, the Committee also studied the situation with regard to the accommodation for Public Health Field Workers and hospital staff in rural and urban areas.

The Committee represents the nurses' point of view to various official bodies responsible for the formulation of standards and grades of salaries and allowances at different levels. Through its efforts, the TNAI submitted memoranda to the different Pay Commissions giving proposals for better pay-scales and allowances for the nurses. The TNAI recommendations were given due recognition and its efforts resulted in the improvement of scales of pay of Nursing personnel at all levels.

2. Nursing Research Section

It is important to develop research attitudes among the Nurses. The Indian Nurses are capable of developing the ability to study and do research work if proper opportunities are provided to them. The aim of the Nursing Research Committee is to support, help and encourage capable Nurses and to offer them opportunities by organising workshops, projects and conducting surveys in Nursing Research.

3. Finance Committee

According to the practice in vogue, important financial and other matters of the Association were brought before the Committee, called the 'Headquarters Committee'. It was, however, realised that after the reorganization of TNAI in 1972 there were separate competent bodies within the Association to take care of administrative affairs and matters of a general nature. What required close watch by a special panel were financial matters and a Finance Committee was set up in 1974 to replace the Headquarters Committee, to perform such functions.

The Finance Committee, kept watch on important issues of

financial nature and advised the Association regarding the appropriateness or otherwise of its decisions involving expenditure and income. Even though the Committee mainly has an advisory role its observations are given the most serious attention and effort is made to draw full advantage out of this expert panel.

With the Treasurer of the Association as Chairman, the Committee has three members. The Chairman has the authority to co-opt some experts on the Committee when special advice is required.

4. Public Health Section

The need for having a Public Health Section was felt as early as in 1954 when a large number of members voiced their support for such a specialised Section and interest group at TNAI's Annual Conference in Bangalore. The Council appointed a small Committee of four Public Health Nurses to examine the question of formation of such a Section, along with other Sections : Nursing Education Section and Administrative Section. The Committee subsequently co-opted eight more members and, after some deliberations, recommended to the Council to organise the Public Health Section. The Section was established at the Annual Conference of the TNAI at Calcutta in 1956 under the Chairmanship of Miss A. Korah.

The Public Health Section is an integral part of the TNAI. It has a national committee responsible to the TNAI. The Council appointed the first Chairman of the Section for one year. Subsequently, Chairmen have been elected from amongst the members of the Council. The Chairman holds office for two years.

It was thought, at the time of the formation of the national section, that similar sections would be organised at the State Branch levels as well. There has been some progress in this regard and efforts are being made to have a sufficiently active network of Branch Sections to collaborate with the work at the national level.

The Section has been striving to create interest in the problems of public health, particularly in view of the new emphasis being laid on provision of health services in rural areas. The first TNAI National Conference on Public Health Nursing was organised at Bareilly in May 1977.

On the educational front, the *Public Health Manual*, now called *A Community Health Nursing Manual* in its revised form, prepared

by the efforts of the Section, has proved to be a very useful publication and, now there is demand for a revised new edition.

5. Nursing Education Section

Among the main functions of the TNAI is maintenance and advancement of standards of Nursing education in the courses meant for students as well as Nurse-teachers. The Association also seeks to encourage research in Nursing by studying special problems like recruitment, selection, curriculum, evaluation and records, and of vital correlation of theory with actual practice. The Association endeavours to achieve these aims by designing special procedure manuals and defining basic principles so that evaluation methods and systems of examination for students may be improved. It also encourages the development of nursing text-books, teaching materials, libraries and initiates regular nursing education sections in the *Nursing Journal of India*, and news sheets.

Membership of the section is open to those members of the TNAI who have been engaged in teaching and to those nurses who have either been or are interested in teaching.

Each State or local Branch of the Association is required to organise a Nursing Education Section of its own in accordance with the regulations and systems laid down by the Central or State TNAI organisation.

The Section has been concerned with the educational problems and perspectives at different levels in the country. Following the pioneering role of the Association in the thirties and forties in establishing Colleges of Nursing and promotion of education at graduate and post-graduate levels, the Nursing Education Section now provides the much needed counsel in all matters of nursing education whenever required. Its interest in the educational programmes at official and non-official levels has contributed towards consistent progress in nursing education.

It has often been felt that some of the educational problems can be solved by bringing about an interaction between the areas of education and administration. The Section thus organises special meetings of Tutors and Nursing Superintendents and Matrons to discuss their common problems in an effort to solve them with the help of each other's experience.

6. Nursing Service Section

The TNAI Council realised the need for having a well organised unit to help implement the policies on administration and nursing services, laid down by the Association from time to time. It, therefore, decided to form a Nursing Service Section at the national level, with a Chairman to be appointed from amongst the Council Members. This Section was created in 1969 with the formation of a Committee of five members with powers to co-opt members. Mrs. B. Thakurdas was the first Chairman. The membership of the Section consists of those who are or have been involved in nursing service administration such as Nursing Superintendents, Assistant Nursing Superintendents, Departmental Sisters and Ward Sisters.

The section strives to promote :

- (i) Adequate staffing in hospitals and in the Public health field as also adequate domestic, clerical and technical staff in order to avoid using nurses for non-nursing duties.
- (ii) Salaries for nurses on par with other full-time professional workers.
- (iii) A 48-hour week.
- (iv) Equal pay for equal work for men and women nurses.
- (v) Opportunities for nurses to participate in the planning and administration of health and hospital services, and to share in the teaching programmes carried on therein.
- (vi) Planned programme of staff education and opportunities for post-certificate study.
- (vii) Increase in residential accommodation for nurses which should provide facilities for privacy and comfort; adequate diet and recreation.

Any section of this nature, operating on an all-India basis can function in an effective manner only if it gets proper feedback from its constituent units throughout the country. It was thus decided to establish Nursing Service Sections at each State Branch level with a Chairman and a Secretary. Most of the State Branches have their own Nursing Service Sections and the work of the Central Section is carried out in consultation with the Sections of the State Branches.

CHAPTER VI

Incorporate Organisations

There are three organisations which are incorporated in the TNAI. These are : Student Nurses Association, Health Visitors' League, and Midwives and Auxiliary Nurse-Midwives' Association.

Student Nurses Association

History and Activities

The Student Nurses Association (SNA) is a nation-wide organisation. It was established in 1929 at the time of Annual Conference of the Trained Nurses' Association of India (TNAI). The Nursing Superintendent of the Government General Hospital, Madras, Miss L.N. Jeans, was the first Honorary Organizing Secretary of this Association. The pioneer unit of SNA was established at the General Hospital, Madras, followed by Christian Rainy Hospital, Madras and the Presidency General Hospital, Calcutta.

It is remarkable that the growth of SNA Units has been persistent ever since its inception. In the year 1954, the SNA celebrated its Silver Jubilee and there was significant increase in the number of units by then. The number rose to 117 and the membership to 4,259. The S.N.A. celebrated its Diamond Jubilee with almost three fold increase in the number of units and seven times increase in membership, i.e., 355 units and 29,233 members.

The SNA and TNAI used to have combined Annual Conference, but due to the increase in number of delegates it was felt in 1960 to hold separate Conferences for the Student Nurses. Since 1961 the Student Nurses are having separate Biennial Conferences. These are held alternately with TNAI Conferences.

The students are being given more and more responsibility to

manage their affairs both at the State and national levels. In 1975 it was agreed by the TNAI Council that one student representative be included in the State Branch Executive Committee on trial basis before the students are included in the TNAI Council as representatives of SNA.

As work of the Association increased, the need for a full time Secretary for the SNA was felt and in 1947 Miss I. Dorabji was appointed as SNA Secretary. Miss M. Philip succeeded Miss Dorabji in 1964, when Miss Dorabji joined TNAI as Secretary. Miss Philip continued as SNA Secretary till 1967. In 1970 with the reorganisation of TNAI the designation of the SNA Secretary was changed to SNA Advisor. Mrs. Narendra Nagpal was appointed first SNA Advisor in 1973 and she served in this capacity upto 1978. Miss D.K. Singh succeeded Mrs. Nagpal after the latter's appointment as Secretary, TNAI. Mr. T. Stephens succeeded Miss Singh in 1981. On Mr. T. Stephens' retirement in 1983 Miss Jaiwanti P. Dhaulta took over as SNA Advisor. On the appointment of Miss Dhaulta as Secretary-General, TNAI, in 1996, Lt. Col. (Miss) M. David took over as SNA Advisor.

Activities of SNA

A wide variety of activities are encouraged at all levels for the SNA members and this is done keeping in view the objects of the Association for which it was formed. The diversity of activities is derived from the professional, social, cultural and recreational spheres. The activities are geared to strengthen curricular and co-curricular components.

Professional

(a) Organization of Meetings and Conferences: The first one-day SNA Conference was held in 1951, and the first Biennial SNA Conference was held at Nagpur in 1961. At the TNAI Conference two SNA members from each State are invited to attend as observers and these student representatives are the Vice-President and the Secretary of the State Branch. They are free to attend social functions also. They are invited to attend Business Meetings as observers.

A three-to-four day Conference is held for SNA members

biennially. The National SNA Advisor in consultation with General Committee of SNA arranges the programme for the Conference. The President or any one of the Vice-Presidents of the TNAI presides over the inaugural session and the student Vice-President of the State presides over the rest of the sessions.

Organising meetings and conferences at all levels is one of the important activities which provides a forum for the members to discuss and find solutions for various problems faced by the students.

At the State level the Conferences are held annually or biennially. At the unit level these are usually in the form of meetings which are organised monthly or bi-monthly. These Conferences and meetings with major professional components are flavoured with socio-cultural and recreational items.

(b) Maintenance of SNA Diary: The SNA Diary was instituted in 1939. This is a biennial record book drawn up for the use of the Unit Secretaries. Till 1976 the SNA Units used to send the SNA Diaries direct to the TNAI Hqrs. for annual assessment but now the Diaries are assessed annually by the State SNA Advisors and the two best Diaries are sent by the State SNA Advisors to the National SNA Advisor for biennial evaluation and awards. These Diaries are assessed keeping in view the Unit activities, viz. professional, educational, extra-curricular and social, cultural and recreational. Proper maintenance of Diary is another criterion. In general the focus of assessment is on the diversity of activities carried out by the Units. The professional component of activities is very important but it does not mean that other components are less important. Since 1988 [Minute No. SNA-GC/18/88/3(i)] Diaries of MPH(F)/ANM students are evaluated separately.

(c) Exhibition: Exhibition is one of the oldest, useful and very popular activities of the Association. The first Exhibition was inaugurated in 1933. The exhibition has grown in size and the quality of exhibits has attained a high standard. All categories of students are eligible to participate either individually or in groups. They can prepare models, charts and posters on the subjects taught in their course of studies. The guidelines for the activity are published in *The Nursing Journal of India* three to four months prior to the Conference. As the number of exhibits was increasing every year,

it was decided in 1975 to display only those exhibits at national level which are assessed best at the State level. Now this activity is competed at the State level to begin with and only the best entry under each category and section is entertained at the national level.

(d) Public Speaking and Writing: Public speaking and writing are encouraged at all levels for two reasons: one, to increase self-confidence in the students and to help them gain skill in communication. In order to achieve this the Association arranges debates, panel discussions, seminars and extempore speeches. The topics for these correlate with the theme of the Conference and the trend of the day. The students are encouraged to write on professional topics for *The Nursing Journal of India* which is the official organ of the TNAI.

(e) Project Undertaking: It is a recent idea which is gaining popularity among Nursing students. The students undertake community projects such as School Health Project, Health Survey, Nutrition Survey etc., Home Nursing and specific projects like medical camp, Immunization, etc. at the time of celebration of International Nurses' Day. At some institutions regular projects are given to students as part of their field experience.

(f) Propagation of Nursing Profession: To acquaint the general public with the Nursing profession, general public is invited to the celebrations and festivities of professional and non-professional nature, such as Nurses' Week, World Health Day, Capping and Graduation ceremonies and other festivities like witnessing a variety entertainment programme, games, sports and tournaments, which are organised by Nurses. There are also Institution visits, Radio talks and T.V. programmes.

(g) Fund Raising: Fund raising is an important and necessary activity not only of the Head Office, but of all the SNA Units. It is done by getting voluntary donations, sale of donation tickets and by arranging some features. The SNA Units raise fund by organised variety entertainments, fetes, sales, and through other modes of fund raising.

(h) Socio-Cultural and Recreational Activities: The Association

believes that the professional development remains incomplete without this component. Young students' energy can be channelled constructively into fine arts like dance, dramatics, music and painting, and competitions are arranged at the time of Conferences. Sports and games are becoming extremely popular and competitions are held at state level at present. A start in this regard has also been made from 1986 SNA Conference by including some items of Sports Competitions.

In addition to the aforesaid activities, there are numerous other activities which are carried out by the Units, in the form of quiz programmes on general knowledge, article writing, poetry writing, flower arrangements, smile competitions, beauty contests, etc. Hobbies like sewing, stitching, interior decorations, etc. are also encouraged.

Awards and Prizes: Most of the prizes for the Association have been donated by the friends and well-wishers of the SNA.

The following are the categories of prizes:

Special Awards:

There are many special prizes given for the Exhibitions and other competitions. These are:

Indira Dorabji Cup, Dufferin Cups(4),
Miss Edith Paul Shield,
Mr. G. Kanthaia's Rolling Shields(2),
Smt. Rajkumari Amrit Kaur Rolling Cup,
General Chakravorty Cup,
Dettol Shield,
Mac Naughton Lamp,
Sr. Elizabeth Shield,
Mrs. H. Chabook Shield,
Miss Adranvala Shield,
Dr. Jiv Raj Mehta Rolling Shield and
Prof. C. Chandrakanthy Rolling Cup.

Apart from these there are three prizes for all the sections under each category in Exhibition and also the other Competition items.

SNA Rules & Regulations

1. Name

The name of the Association shall be the Student Nurses' Association (SNA). The Association is an associate organisation of The Trained Nurses' Association of India.

2. Objects:

- (a) To help students to uphold the dignity and ideals of the profession for which they are qualifying.
- (b) To promote a corporate spirit among students for common good.
- (c) To furnish Nurses in training with advice in their courses of study leading up to professional qualification.
- (d) To encourage leadership ability and help students to gain a wide knowledge of the Nursing profession in all its different branches and aspects.
- (e) To increase the students' social contacts and general knowledge in order to help them take their place in the world when they have finished their training.
- (f) To encourage both professional and recreational meetings, games and sports.
- (g) To provide a special section in *The Nursing Journal of India* for the benefit of students.
- (h) To encourage students to compete for prizes in the Student Nurses' Exhibition and various competitions, and also to attend national and regional Conferences.

3. President, State Vice Presidents, Secretaries:

The President of the TNAI shall be the President of the Association. The SNA Vice President and Secretary shall be elected at the time of the Annual or Biennial Conference of the SNA State branch General Body meeting. The term of office for Vice President and Secretary shall be one year, but they would be eligible for re-election for one more term.

4. Membership:

Student Nurses of General Nursing and Midwifery, Basic B.Sc Nursing, Multipurpose Health Worker (Female)/Auxiliary Nurse-Midwives, Lady Health Visitors from the training institutions recognised by the Indian Nursing Council, in which a Student Nurses' unit has been established.

5. Management:

The governing body of the Association shall be the Council of TNAI which will receive the recommendations of the General Committee of the SNA for consideration.

The General Committee of SNA shall consist of:

- (a) President of TNAI or one of the Vice Presidents if the President wishes to delegate this responsibility.
- (b) Vice-Presidents of SNA State Branches.
- (c) Hon. Treasurer of TNAI.
- (d) National SNA Advisor who must be a full member of TNAI.
- (e) State Branch SNA Advisors.
- (f) Secretaries of the SNA State Branches.
- (g) Secretary-General, TNAI

The General Committee shall meet once in a year at the time of TNAI Council meeting. 1/5th or 15 members form a quorum.

SNA General Body :

The SNA General Body at the national level shall comprise :

- (i) Members of SNA General Committee
- (ii) Three Representatives from each unit, viz, SNA Vice President, SNA Secretary and SNA Advisor
- (iii) All SNA Delegates attending the conference.

6. Officers:

The officers of TNAI shall be the officers of the Association. The National SNA Advisor of the Student Nurses Association shall be

full time officer appointed by TNAI Council and shall be a member of TNAI. She/he shall act as the administrative officer of the Association to implement its policies. She/he shall be responsible for the necessary preparation for the General Committee meeting, the Student Nurses' Exhibition competitions and for the management of the office as may be prescribed in the standing orders of TNAI.

7. State Branch Advisors:

The State Branch SNA Advisors shall be elected during the State Branch elections. Where there is no State SNA Branch, the Branch Executive shall appoint an SNA Advisor. He/she must be full member of TNAI who is keenly interested in the SNA and has experience of working with Student Nurses.

In case of any vacancies of the SNA Advisor they will be filled by the State Executive, nominating a person for the interim period.

State SNA Advisors shall advise SNA Unit Office Bearers to organise SNA activities, coordinate these in their respective States and at the national level. They shall keep units in their branches informed of all SNA activities and be the liaison officers between their respective Branches and the National SNA Advisor of the Student Nurses Association.

They shall help the SNA Officers to organise students conference in the State and endeavour to attend such conference at the national level. They shall also help the students to fulfill the objects of the Association and implement decisions made at the SNA General Committee Meetings and Conferences.

They shall assist in the enrolment of Student Nurses to the SNA and the formation of SNA Units in every training centre and help Student Nurses to realise the importance of becoming full members of TNAI on completion of their training.

8. The General Body Meetings:

The General Body meetings of the Association shall be held at the time of the SNA Conference.

The President, TNAI, shall preside over the SNA meetings. SNA Office Bearers of the host Branch shall conduct the SNA meetings alongwith the President.

Agenda items from the Branches should be sent to National SNA Advisor at least two months before the General Committee meeting.

Resolutions passed at the General Committee and General Body meetings shall be forwarded by the National SNA Advisor of the Student Nurses' Association to concerned authorities and TNAI Council for consideration. The action taken by the Council and other concerned authorities shall be forwarded by the National SNA Advisor of the Student Nurses' Association to the State SNA Vice-Presidents, Secretaries and the State Branch SNA Advisors.

9. Unit Organisation:

All officers shall be elected by the Student members of the Unit as follows:

- (a) SNA Advisor shall be a member of the TNAI whose function shall be entirely advisory in nature.
- (b) Vice-President shall be a student and preside over all Unit's meetings.
- (c) Unit Secretary shall be a student.
- (d) Treasurer, Convenors and members of sub-committees may be elected to arrange for various activities as the Unit considers necessary.

10. Unit Activities:

- (a) The Unit shall decide upon the duties of their officers and committees and draw up a programme of activities in line with the objectives of the SNA.
- (b) The Diary of Unit activities shall be kept by the Unit Secretary and used as the basis for the quarterly reports and the annual reports which shall be a summary of important events.
- (c) Quarterly reports of activities shall be sent to the State SNA Advisor and copy to TNAI Headquarters.
- (d) Student page of the *Journal*: Suitable articles written by members shall be collected by the Unit Secretary and sent to the National SNA Advisor of the Student Nurses' Association through the UNit Advisor or they may be sent through the State SNA Advisor if so desired for publishing.

- (e) Application forms for membership in TNAI shall be given to Unit members as soon as they complete their training. The completed form, including the certification from the Head of the School or Nursing Superintendent shall be forwarded to the Secretary, TNAI.

11. Proxies:

No proxies are permitted for attending SNA General Committee meetings/General Body meetings.

SNA Bye-Laws

1. Membership :

(a) SNA Membership Enrolment

Membership shall be open to all Student Nurses of Basic programmes: Auxiliary Nurse-Midwives/Multipurpose Health Workers (Female), General Nursing and Midwifery and Basic B.Sc Nursing students. Membership can only be effected through a Unit. No individual student may be enrolled.

Application to form a Unit shall be made through the Nursing head of the training institute.

A student failing to complete her or his training shall cease automatically to be a member of the Student Nurses' Association and her name shall be taken off the roll by the Unit Secretary.

Students failing to pay annual SNA Subscription shall be debarred from contesting any SNA Office.

(b) SNA Members' Record

The Unit Secretaries shall furnish annually the statement of Student members, year-wise, of their Units alongwith Annual Subscription to the National SNA Advisor of the Student Nurses' Association to keep the Unit membership-up-to-date.

(c) Transfer of SNA-to-TNAI Membership

Members of the Student Nurses' Association on completion of their training shall be eligible for full membership in TNAI and M & ANMA. The application from a student for full membership, if it comes

through the Unit Advisor or signed by the Head of her/his Nursing School or Nursing Superintendent, shall be considered valid without accompanying Registration Certificate. Student members who apply within six months of the completion of the training and are successful in their examination, shall be eligible for the concessional rate of subscription as prescribed by the TNAI Council from time to time. No concession shall be given to the students who apply for membership of TNAI after six months from the time of declaration of the result.

2. Fees:

The Membership Fee per annum per student for all categories of Nursing Students shall be as per revision made from time to time. Annual Subscription shall be paid upon joining the Association and thereafter renewed every year.

3. SNA Scholarship:

In place of SNA-ICN Delegates Fund earlier used for sending student delegates to International Conferences, four SNA Scholarships have been established since 1984. They shall be given for the entire training period after reviewing each year's performance.

4. Rules and Regulations:

A copy of the Rules and Regulations and Bye-Laws shall be supplied free to each Unit upon joining the Association.

5. The Nursing Journal of India:

Two copies of *The Nursing Journal of India* shall be supplied free to each SNA Unit. One more copy of the *Journal* shall be supplied for every additional 25 members. Not more than 4 copies shall be supplied to any Unit.

Students can also directly subscribe for the personal copy of the *Journal* at the rate prescribed from time to time.

6. SNA State Branch Advisor, Vice President and Secretary:

SNA Advisor, Vice President and Secretary shall represent the State Branches on the General Committee which shall normally meet annually. Vice-President and Secretary shall also represent the State Branches as observers at the TNAI House of Delegates meetings and the Conference. The Chairman of the General

Committee shall be the Vice President of the Branch hosting the meeting/Conference. In the event of inability expressed by the host Branch, the Vice President of any other State in rotation shall chair the SNA meetings.

The Minutes Secretary shall be chosen from among the State Branch Secretaries or Vice Presidents assisted by one of the state SNA Advisors.

7. State Branches:

- (a) The object of a State Branch shall be to carry out the objectives of the Student Nurses' Association as set out in the Rules & Regulations.
- (b) Members of the SNA resident in a State shall be members of the SNA State Branch of the State. The Branch may consist of one or more Units.
- (c) The SNA State Branch Executive Committee shall be constituted as follows:

Elected Members:

- (i) President of the State Branch of TNAI.
- (ii) State SNA Advisor.
- (iii) State Branch SNA Vice-President.
- (iv) State Branch SNA Secretary.
- (v) State Branch SNA Treasurer.
- (vi) State Branch SNA Programme Chairman.

EX-Officio:

- Hon. Secretary of the TNAI Branch.
- Hon. Treasurer of the TNAI Branch.

Elections of officers of the State Branch shall be held at the time of annual or biennial meetings or Conferences. The term of office of a member of the State Branch Executive Committee shall be one year, eligible for re-election for one more term. Vacancies occurring between annual meetings shall be filled by the State Branch Executive Committee.

- (d) The SNA State Branch Executive Committee shall hold

- annual/bi-annual meetings.
- (e) State Branch Vice President/Secretary shall submit an annual report of Branch to National SNA Advisor through the State SNA Advisor.
- (f) In case a TNAI Branch is dissolved or ceases to function, the funds of the Branch shall be transferred to TNAI funds at Headquarters.
- (g) **The Office Bearers of the State Branches and their Functions:**
- (i) **State Branch Vice-President:** State Branch Vice-President shall represent the State Branch at the SNA General Committee meeting and as observer at certain TNAI meetings, Conferences. She or he shall be the Chairperson of the SNA State Branch Committee and shall preside at the annual meeting and State Branch Executive meetings.
 - (ii) **State Branch Secretary:** State Branch Secretary shall perform the duties usually pertaining to that office which shall include convening of meetings and keeping a record of meetings and the minutes of the meetings. She/he should submit her/his report to the State Branch Advisor who, in turn, would submit the report to the National SNA Advisor and keep her/him informed of the State Branch news and activities.
 - (iii) Treasurer shall work in collaboration with TNAI State Branch. Treasurer and SNA Advisor shall help in raising funds for State Branch activities.
 - (iv) Programme Chairperson shall be responsible for drawing up the State Branch programme for the year. She or he shall be advised by the SNA Advisor.

(h) Quorum:

Three-fifths of the members shall form a quorum for the State Branch Executive Committee Meeting. If the quorum is not complete the meeting may adjourn for half an hour and meet again at the same place and transact the Agenda.

Where a State Branch has not been organised, Unit Secretary and Vice President shall be chosen by the Units in the State to attend the Annual General Committee Meeting and the Observers' Meeting at the National level.

(i) SNA General Body:

The SNA General Body of the State shall consist of:

- (i) State SNA Executive Committee members;
- (ii) SNA Unit representatives (Vice President, Secretary and SNA Advisor or any other representatives elected or nominated by the Units).

The State SNA General Body meeting of the SNA shall be held annually or bi-annually at the time of State Conference or otherwise. The President of the State Branch, TNAI, shall preside over the SNA meetings in the State. In the absence of the President, the Vice President or any other State Branch Executive Committee member present may be nominated to chair the meeting.

8. Expenses:

The expenses of the State SNA Office Bearers, viz., State SNA Advisors, Vice Presidents and Secretaries attending national level SNA meetings will be met by the TNAI Headquarters, duly approved by the TNAI Council from SNA General Fund.

9. Accounts:

The Funds of the Association shall be kept by TNAI. The following shall be credited annually to the accounts of TNAI as per the rates revised from time to time.

- Affiliation fee for every member of SNA.
- Subscription for copies of *The Nursing Journal of India* supplied to the Units.

10. Exhibition:

There shall be an Exhibition at the time of SNA Conference. The judging of the exhibits shall be done by a panel of judges and prizes awarded as per prescribed Conference guidelines.

Student members may enter exhibits for all sections. All entries shall be made on a prescribed form and in accordance with the

rules framed and revised from time to time by TNAI Council or the General Committee of the SNA.

1. All exhibits should be accompanied by a certificate from the unit SNA Advisors/State SNA Advisor as the case may be stating:

- (a) That the exhibit is the bonafide work of the Student Nurse.
- (b) That the Student Nurse is a member of the SNA Unit of the hospital.

2. Entry form for each exhibit should be sent to the TNAI Headquarters alongwith the required registration fee.

3. The following information must accompany each exhibit:

- (a) Name of the exhibitor.
- (b) Name of the hospital.
- (c) Name of the exhibit.
- (d) Category and section/division in which the exhibit is to be shown.

4. The last date for entry will be fixed by the National SNA Advisor of the Student Nurses' Association.

11. SNA Election Procedure:

- (i) Any SNA member from the SNA Unit in regular membership with the SNA at national level may make nomination for the office of the State SNA Vice President, Secretary, Treasurer and Programme Chairperson.
- (ii) The Election Committee and the Returning Officer shall be appointed by the SNA Executive Committee. A nominee shall contest election for one office only.
- (iii) The election committee shall ascertain from nominees their consent for contesting the election and to undertake the choice of the office in case they are nominated for more than one office.
- (iv) The SNA Advisor of the concerned Unit shall verify the validity of the nominee.
- (v) The Election Committee would call the nomination either at the time of election or earlier on a prescribed form or listing

- on the board whatever is convenient.
- (vi) Three highest nominations in order of merit shall be listed to contest any one office either on the black board or in a provisional ballot paper.
- (vii) Any contesting candidate whose name appeared in the provisional ballot paper or on the black board may request the returning officer to withdraw her or him from the contest before holding the election.
- (viii) The election shall be carried out by secret ballot at the time of SNA General Committee meeting of the State and also General Body meeting of the unit.

Eligible Voters:

- (i) The eligible voters shall be the representatives of the SNA Units in their respective States.
- (ii) Each State unit shall furnish the list of eligible voters to the State SNA Advisor or the Returning Officer keeping some standby names.
- (iii) Returning Officer or her or his deputy will have the custody of the keys of the Ballot Boxes, if used.
- (iv) The Returning Officer at the time of election shall appoint the required number of Polling Officers, Tellers and Supervisors for the purpose of election.

Voting Procedure:

- (a) No canvassing shall be permitted on the day of the election. No person other than the voters shall be permitted within the area of the polling booth.
- (b) The voters shall queue up at the polling counters and shall indicate their names and show recent Unit annual subscription receipt issued by the TNAI Headquarters and sign the voter list before entering the election hall.
- (c) Polling Officer after checking voters' identity would score off the name of voters in red ink.
- (d) Voting may be done either by raising hands or secret ballot whatever is feasible for the Branch.
- (e) The empty ballot boxes if used shall be inspected by the polling officers, supervisors and representatives of the

contestants. These are then closed or locked properly and used for voting.

Election Results:

- (1) In case voting is done by raising hands, these are counted and written against each contestant. In the secret ballot system immediately after polling is over, the Ballot Boxes shall be opened by the returning officer and these are counted in the presence of pollers, supervisors and contestants' representative(s) if any. Invalid votes are also counted and kept separately.
- (2) After the counting is completed, contestants are listed in order of merit. Results are signed by the returning officer and others involved in conducting the election and results announced immediately by the Returning Officer. Election results sheet is handed over to the State SNA Advisor who shall make a note of the elections that have been held and declared valid in her/his presence and she/he should sign the same.
- (3) The contestant getting the highest votes shall be declared elected to the concerned office.
- (4) Ballot Paper, if any used, shall be destroyed after 30 days if there is no dispute.

Election Disputes:

All disputes will be settled by a committee consisting of President of the Branch, Returning Officer and the State SNA Advisor. Decision, if any, shall be made known to the Branch Executive within 30 days of the Dispute Committee's decision.

12. SNA Units:

Each SNA Unit should elect its own office-bearers in its General Body meeting. These officers shall be elected to hold the following positions: SNA Unit Advisor (should be a TNIAI member), Vice President, Secretary, Treasurer and Programme Chairperson. The abovementioned members shall be the members of Executive Committee of the Unit. The Executive Committee may formulate

any number of committees the Chairpersons of which shall be members of the Executive Committee. The Chairperson may co-opt members on these committees, for assisting the Chairperson in implementation of the job responsibilities.

The Executive Committee should hold meetings at regular intervals or at any other time as necessary.

The SNA General Body meetings should also be held at regular intervals. The agenda for these meetings will be according to the needs of the unit members and the aims and objects of the SNA. The office bearers should make sincere efforts to make meetings interesting, stimulating and wholesome. The meetings should cover the socio-cultural and professional spheres of life. The students can undertake some useful community projects and report to the General Body. There is need to make use of diverse programme in the meetings to avoid monotony and create interest in the members to be inquisitive and concerned to meet the health and welfare needs of the people.

Unit Secretaries should write to their State Branch Advisors atleast once every three months to repoert the progress of the Units and ask for suggestions.

Articles should be collected and sent to the National SNA Advisor for insertion in the Student Nurses page of *The Nursing Journal of India*.

The Unit SNA Advisor is responsible to see that as soon as a Nurse has graduated, she is given an SNA-to-TNAI form for membership in the TNAI. This form should be signed by the Nursing head of the training institution/Nursing Superintendent and sent to the Secretary-General of the TNAI before the Nurse leaves her training school.

Any change of address should be forwarded at once to the Secretary-General, TNAI indicating TNAI membership number and the date of enrolment.

The SNA Advisor should explain the advantages gained by Student Nurses who join the TNAI directly when they pass their final examination. Students who join within six months of the declaration of the final year examination successful results shall be eligible for the concessional rate of subscription as prescribed by the TNAI Council from time to time.

Health Visitors' League

RULES AND REGULATIONS

1. Name

The name of this Associate Organisation of the Trained Nurses' Association of India shall be the Health Visitors' League.

2. Objects

- (a) To uphold in every way the dignity and honour of Health Visitors.
- (b) To promote *esprit de corps* among all health visitors.
- (c) To enable members to take counsel together on matters affecting their profession.
- (d) To raise the standard of education and practice of health visitors.

3. President

The President of the Trained Nurses' Association of India shall be the President of Health Visitors' League.

4. Membership

Health Visitors holding a certificate from any Health Visitors training school recognised by the Indian Nursing Council, or in the case of foreign qualifications recognised by the Government of the country concerned, shall be eligible for membership.

5. Membership Fees

All members shall pay an entrance fee and subscription as prescribed by the Trained Nurses' Association of India from time to time. Members in arrears shall not be entitled to vote.

6. Management

The governing body of the League shall be Council of the Trained

Nurses' Association of India. There shall be a Committee to deal with the business of the League, consisting of :

- (a) Honorary Secretary of the Health Visitors' League—Convener.
- (b) Representatives of the Health Visitors' League on State Branch Committees.
- (c) Secretary-General of the Trained Nurses' Association of India—Ex-Officio.
- (d) Hony. Treasurer of the Trained Nurses' Association of India—Ex-Officio.

7. Powers of the Committee

The Committee shall deal with all matters affecting the League, but no change shall be made in the policy of Trained Nurses' Association of India, or the subscription or privilege of membership, without the approval of TNAI Council.

The Committee shall have powers to co-opt members but the co-opted members shall not have power to vote.

8. Meetings

A meeting of the Committee and of Members of the League shall be held at the time of the General Meeting of the Trained Nurses' Association of India, and at such other times as desired.

9. Amendments to Rules and Regulations

Any alteration to these Rules and Regulations shall be effected by TNAI Council by a vote of at least three-fifth of the members of the Council present in person.

10. Bye-Laws

The Committee may make bye-laws consistent with the Rules and Regulations of the League.

11. Hony. Secretary of Health Visitors' League shall be elected by the House of Delegates. He/she shall be either a member of the

Health Visitors' League or a Public Health Nurse. If election is not held the Hon. Secretary may be appointed by the Council till the next meeting of the House of Delegates. He/she shall be the Ex-officio member of the Council, TNAI.

BYE-LAWS

1. Application for Membership

All Health Visitors applying for membership in the Health Visitors' League shall submit attested copies of State Registration Certificates where State registration exists. A Health Visitor trained in a country where there is no State Registration Council shall submit attested copies of professional certificates granted by an authority recognised for the purpose in that country.

2. Subscription

(i) Annual Subscription :	Rs. 100
(ii) Life Membership Fee :	Rs. 500
(iii) Life Membership (without <i>Journal</i>) :	Rs. 300

Annual subscription is payable in advance and shall be paid upon joining the League. Annual subscription is due each year on the anniversary date on which the member joined the League.

3. Duties of Honorary Secretary

The Honorary Secretary :

- (i) shall act as convener of the Committee;
- (ii) shall organise units in the various States and keep in touch with the State Branch Executive Committees;
- (iii) shall contact members personally where possible or by correspondence, and through the *Journal*;
- (iv) shall make efforts to recruit new members;
- (v) shall collect State reports and send a summarised annual report to the Secretary of the Trained Nurses' Association of India to be submitted to the Council of TNAI;
- (vi) shall prepare the agenda for the League Meeting to be held

at the time of the General Meeting of TNAI.

4. Meetings

- (a) A meeting of members of the Health Visitors' League shall be held at the time of TNAI General Meeting.
- (b) A meeting of the members of the Committee shall be held at the time of the General Meeting of TNAI. The President shall preside at the meeting, or if she is unable to preside, a member of TNAI Council shall be elected to take the Chair. The Chairman shall have a casting vote.
- (c) Notice of the biennial meeting shall be issued by the Honorary Secretary of the League through *The Nursing Journal of India* not less than 40 days before the date of the meeting.
- (d) The agenda shall be prepared by the Hony. Secretary in consultation with the President, and shall be issued to the members of the committee with explanatory notes. Additional items for the agenda shall be presented to the members and they shall decide which of those be added to the agenda.
- (e) Minutes of the biennial meeting shall be sent to TNAI Council for information and publication in *The Nursing Journal of India*.
- (f) Minutes of the Committee meeting shall be sent to Head Office.

5. State Branches

The Honorary Secretary of the Health Visitors' League shall direct the organisation of branches at State level. The representative of the Health Visitors' League on TNAI State Branch Executive Committee shall act as a liaison officer between the Branch and the League. The representative shall be elected by the members of the League resident in the State, or if no election is held, may be nominated by the State Branch Executive Committee.

The term of office shall be three years or until her successor is duly elected. Retiring members shall be eligible for re-election.

6. Election

Election of the Honorary Secretary shall be held at the meeting of the Health Visitors' League at the time of General Meeting of TNAI. The procedure for nominations shall be the same as that for election of a TNAI Council members except that nominations shall be made by the members of the League only. The term of office shall be four years. Retiring member shall be eligible for re-election. Vacancy occurring between meetings shall be filled by TNAI Council.

7. Official Organ

The Nursing Journal of India shall be the official organ of the League. Any notice required to be given to members may be published in the *Journal*.

A copy of the *Journal* shall be supplied free to all members.

8. Accounts

The Honorary Secretary shall keep accounts of necessary expenditure on postage and stationery and shall submit the same annually by December 1, to the Secretary, TNAI. The expenditure incurred by the representatives on the State Branch shall be chargeable to the State Branch accounts.

Midwives and Auxiliary Nurse-Midwives' Association

RULES AND REGULATIONS

1. Name

The name of the Associate Organisation of the Trained Nurses' Association of India shall be the Midwives And Auxiliary Nurse-Midwives' Association.

2. Objects

- (a) To uphold in every way the dignity and honour of Midwives

- and Auxiliary Nurse-Midwives.
- (b) To promote *esprit de corps* among all midwives and auxiliary nurse-midwives.
 - (c) To enable members to organise and take counsel together on matters affecting their profession.
 - (d) To raise the standard of education and practice of midwives and auxiliary nurse-midwives.

3. President

The President of the Trained Nurses' Association of India shall be the President of the Midwives and Auxiliary Nurse-Midwives' Association.

4. Membership

Midwives and Auxiliary Nurse-Midwives holding a certificate from any midwifery/auxiliary nurse-midwives training school recognised by the Indian Nursing Council, or in the case of foreign qualifications, recognised by the government of the country concerned, shall be eligible for membership.

5. Membership Fees

All members shall pay a subscription as prescribed by the Council of the Trained Nurses' Association of India from time to time. Members in arrears shall not be entitled to vote.

6. Management

The governing body of the Association shall be the Council of the Trained Nurses' Association of India. There shall be a Committee to deal with the business of the Association, consisting of :

- (a) Honorary Secretary of the Midwives and Auxiliary Nurse-Midwives' Association—Convener.
- (b) Representative of the Midwives and Auxiliary Nurse-Midwives' Association on State Branch Executive Committee.
- (c) Secretary-General of the Trained Nurses' Association of

India—Ex-Officio.

- (d) Hony. Treasurer of the Trained Nurses' Association of India—Ex-Officio.

7. Powers of the Committee

The Committee shall deal with all matters affecting the Association, but no change shall be made in the policy of the Trained Nurses' Association of India, or the subscription or privileges of membership, without the approval of TNAI Council.

The Committee shall have power to co-opt members but the co-opted members shall not have power to vote.

8. Meetings

A meeting of the Committee and a meeting of members of the Midwives and Auxiliary Nurse-Midwives' Association shall be held at the time of the General Meeting of the Trained Nurses' Association and at such other times as desired.

9. Amendments to Rules and Regulations

Any alteration to these Rules and Regulations shall be effected by TNAI Council by a vote of at least three-fifths of the members of the Council present in person.

10. Bye-Laws

The Committee may make bye-laws consistent with the Rules and Regulations of the Association.

11. Hony. Secretary of Midwives and Auxiliary Nurse-Midwives' Association shall be a member of the TNAI. She/he shall be elected by the House of Delegates except that if no election is held the Hony. Secretary may be appointed by the Council till the next meeting of the House of Delegates. She/he shall be either member of the M & ANMA or a Public Health Nurse. She/he shall be ex-officio member of the Council TNAI.

BYE-LAWS

1. Application for Membership

All Midwives and Auxiliary Nurse-Midwives applying for membership in the Association shall submit attested copies of State Registration Certificates where State registration exists. A midwife trained in a country where there is no State registration shall submit attested copies of professional certificates granted by an authority recognised for the purpose in that country.

2. Subscriptions

All Midwives and Auxiliary Nurse-Midwives joining the Association shall pay the Subscriptions given below :

Life Membership	Rs. 500
Life Membership (without <i>Journal</i>)	Rs. 300
Annual Membership	Rs. 100

Annual subscription is due each year on the anniversary date on which the member joined the Association.

The State Branches shall issue a *Newsletter* in the regional languages to the members of the Midwives and Auxiliary Nurse-Midwives' Association.

3. Duties of Honorary Secretary

The Honorary Secretary :

- (i) shall act as convener of the Committee;
- (ii) shall organise units in the various States and keep in touch with the State Branch Executive Committee;
- (iii) shall contact members personally where possible or by correspondence, and through the *Journal* and *Newsletter*;
- (iv) shall make efforts to recruit new members;
- (v) shall collect State reports and send a summarised annual report to the Secretary of TNAI to be submitted to TNAI Council;
- (vi) shall prepare the agenda for the biennial meeting and the Committee meeting to be held at the time of the General Meeting of TNAI.

4. Meetings

- (a) A biennial meeting of the members and the Committee shall be held at the time of the General Meeting of the Trained Nurses' Association of India. The President shall preside at the meeting, or if she is unable to preside, a member of TNAI Council shall be elected to take the Chair. The Chairman shall have a casting vote.
- (b) Notice of the biennial meeting shall be issued by the Honorary Secretary of the Association through the *Journal* and State *Newsletters*.
- (c) Notice of the Committee meeting shall be issued by the Honorary Secretary not less than 40 days before the date of meeting.
- (d) The agenda shall be prepared by the Honorary Secretary in consultation with the President, and shall be issued to the members of the committee with explanatory notes. Additional items for the agenda shall be presented to the members and they shall decide which of those be added to the agenda.
- (e) Minutes of the biennial meeting shall be sent to TNAI Council for information and publication in *The Nursing Journal of India* and State *Newsletters*.
- (f) Minutes of the Committee meeting shall be sent to Head Office.

5. State Branches

The Honorary Secretary of the Midwives and Auxiliary Nurse-Midwives' Association shall direct the organisation of branches at state level. The representative of the Midwives and Auxiliary Nurse-Midwives' Association on the State Branch Executive Committee shall act as a liaison between the branch and the Midwives and Auxiliary Nurse-Midwives' Association. The representative shall be elected by the members of the Association resident in the State, or if no election is held, may be nominated by the State Branch Executive Committee.

The term of office shall be three years or until her successor is duly elected. Retiring members shall be eligible for re-election.

6. Election

Election of the Honorary Secretary shall be held at the meeting of the Midwives and Auxiliary Nurse-Midwives Association at the time of General Meeting of TNAI. The procedure for nomination shall be the same as that for election of a TNAI Council member, except that nominations shall be made by the members of the Association only. The term of office shall be four years. Retiring members shall be eligible for re-election. Vacancy occurring between meetings shall be filled by TNAI Council.

7. Official Organ

The Nursing Journal of India shall be the official organ of the Association. Any notice required to be given to members may be published in the *Journal* and State *Newsletters*.

8. Accounts

The Honorary Secretary shall keep accounts of necessary expenditure of postage and stationery and shall submit the annual statement by December 1, to the Secretary-General, TNAI. The expenditure incurred by the representatives on the State Branch shall be chargeable to the State branch accounts.

CHAPTER VII

Affiliations and Associations

A. Affiliations

The Trained Nurses' Association maintains international standing for its members through its affiliation with national and international Nurses Organizations. The TNAI accepts affiliations or affiliates with such organisations which are of national or international standing and which have similar aims and objectives or philosophy as that of The Trained Nurses' Association of India. One organisation to which the TNAI had been for a very long time affiliated is International Council of Nurses with which is associated the Florence Nightingale International Foundation. It is currently affiliated with Commonwealth Nurses Federation, and National Council of Women in India of International Council of Women and National Institute of Public Cooperation & Child Development.

The Organizations which are affiliated to the TNAI are Student Nurses' Association; Christian Nurses' League of Christian Medical Association of India and Catholic Nurses' Guild.

International Council of Nurses

The International Council of Nurses is a federation of non-political and self-governing National Nurses' Associations which seek to attain high standards of Nursing service and nursing education, to develop Nursing as a profession and to safeguard the social and economic welfare of nurses in their own countries. The TNAI took membership of the ICN in 1912.

Its Purpose and Scope

Founded in 1899, the International Council of Nurses (ICN) is the

oldest international professional organization in the health care field. ICN is a federation of Nurses' Associations around the world which have banded together to better develop nursing's contribution to the promotions of health and care of the sick. It was one of the first health care organisations to adopt a strict policy of non-discrimination in regard to matters concerning nationality, race, creeds, colour, politics, sex or social status. ICN accepts into membership one association of nurses per country.

Objectives

ICN's objectives are fourfold :

- To promote the development of strong National Nurses' Associations.
- To assist National Nurses' Associations to improve the standards of Nursing and the competence of nurses..
- To assist National Nurses' Associations to improve the status of nurses within their countries.
- To serve as the authoritative voice for nurses and nursing internationally.

Activities

The activities of the ICN reflect the wide range of interests and needs of its international membership, focusing on such areas as nursing education, economic and general welfare of nurses, nursing practice and service, nursing legislation, nursing research, and cooperation with other health professions.

An important aspect of ICN's role is the coordination of activities with other international organizations in the health care field and acting as a spokesman of nurses at international level. At any given time ICN is involved in thirty to forty international projects.

Structure

The governing body of the ICN is the Council of National Representatives (CNR), composed of the President of each of the member Associations and operating on the principle of one country

one vote. The CNR meets every two years to determine policy matters affecting the nursing profession. Every fourth year this meeting is held in conjunction with the ICN Quadriennial Congress, open to nurses throughout the world.

CODE FOR NURSES

Ethical Concepts Applied to Nursing

The fundamental responsibility of the nurse is fourfold : to promote health, to prevent illness, to restore health and to alleviate suffering.

The need for nursing is universal. Inherent in nursing is respect for life, dignity and rights of man. It is unrestricted by consideration of nationality, race, creed, colour, age, sex, politics or social status.

Nurses render health services to the individual, the family and the community and coordinate their services with those of related groups.

Nurses and People

The Nurse's primary responsibility is to those people who require nursing care.

The nurse, in providing care, promotes an environment in which the values, customs and spiritual beliefs of the individual are respected.

The nurse holds in confidence personal information and uses judgement in sharing this information.

Nurses and Practice

The nurse carries personal responsibility for nursing practice and for maintaining competence by continual learning.

The nurse maintains the highest standards of nursing care possible within the reality of a specific situation. The nurse uses judgement in relation to individual competence when accepting and delegating responsibilities. The nurse when acting in a professional capacity should at all times maintain standards of personal conduct which reflect credit upon the profession.

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Nurses and Society

The nurse shares with other citizens the responsibility for initiating and supporting action to meet the health and social needs of the public.

Nurses and Co-workers

The nurse sustains a cooperative relationship with co-workers in nursing and other fields.

The nurse takes appropriate action to safeguard the individual when his care is endangered by a co-worker or any other person.

Nurses and the Profession

The nurse plays the major role in determining and implementing desirable standards of nursing practice and nursing education. The nurse is active in developing a core of professional knowledge.

The Nurse, acting through the professional organisation, participates in establishing and maintaining equitable social and economic working conditions in nursing.

Commonwealth Nurses Federation

The Commonwealth Nurses' Federation is one of seventeen Commonwealth-wide professional Associations receiving grant from the Commonwealth Foundation.

The Secretariat of the Federation was established in 1973 at Royal Commonwealth Society, 18 Northumberland Avenue, London WC2N 5 BJ. On that date the number of member associations was twentyfive, and this number has increased. Its office is now located at: International Office, Royal College of Nursing, 20 Cavendish Square, London W1M OAB (U.K.).

Aims and Objects

The purposes for which the Federation is established are as follows:

- (i) To further the development of nursing for the benefit of the community in the countries within the Commonwealth.

- (ii) To promote the advancement of nursing as a profession.
- .(iii) To effect closer links between national nurses' associations within the Commonwealth as a means of providing mutual help and support and facilitating personal contacts between nurses in the various countries.
- (iv) To make available expert advice and assistance to member Associations.
- (v) To disseminate professional information for the benefit of nurses within Commonwealth countries.
- (vi) To encourage the establishment of scholarships to enable nurses to undertake such advanced studies.
- (vii) To promote co-operation and co-ordinated activities between member Associations in a region, and between member Associations in different regions, for the exchange of knowledge and the sharing of ideas; these activities include the organisation of conferences and seminars in the regions.
- (viii) To encourage the establishment of national nurses' associations in those Commonwealth countries where none exist, and to assist and advise nurses in the countries concerned in establishing such Associations.
- (ix) To organise Commonwealth nursing conferences from time to time.
- (x) To seek and to receive, to accept or refuse subscriptions, donations and gifts of all kinds for the benefit of nursing and nurses within the countries of the Commonwealth.
- (xi) To co-operate with other Commonwealth professional associations for mutual benefit.
- (xii) To do all such other lawful things as may be conducive or incidental to any of the purposes set out above.

A regular *CNF Newsletter* in the form of a Federation Supplement is made available to member associations.

The Secretariat in London acts as a clearing house for the exchange of professional information, and the Executive Secretary/Professional Adviser provides on request data on nursing education programmes at basic and post-basic levels; information on nursing service and health care projects; availability of specialist clinical courses and scholarships available from the private sector or other sources. The Executive Secretary collects and collates the copy for the Federation Supplement and works in close association with

Commonwealth agencies in London.

Since the establishment of the Federation the emphasis has been to promote regional nursing co-operation on the pattern established by the Regional Nursing Body in the Caribbean, and being investigated for Africa West and East, Central and Southern Africa. The aim of regional groups to exchange views on professional standards and achievements; to investigate reciprocity or common pool of examination in a region; the sharing of facilities for post-basic courses, and to foster consultation and joint project with other health professions, with the ultimate aim of improving health care and the quality of life of the community in countries within the Commonwealth and their neighbours.

The Christian Nurses' league of the CMAI

The Christian Nurses' League was formally organised in the year 1930, though it was actually born with the Christian Medical Association of India, in the year 1926. The League grew out of a need for Christian hospital nurses (mainly missionaries at the time) to take counsel and registration of nurses in the hospitals and to have fellowships together. Today most of the leaders and administrators are nationals.

Despite the great strides taken by nursing in India, the problems of nursing (education and service) remain the same though of a different nature. The need of extend the fellowship to those in government, military and industrial hospitals is greater than ever. A very large number of the nurses in the country are Christians.

The Aims and Objectives of the League are Same as of the Christian Medical Association

Aim : The extension of the Kingdom of Christ in India through the Ministry of Health and healing.

Objectives

1. To encourage and promote spiritual fellowship.
2. To secure the highest standards in Christian Nursing Education through the Christian Schools of Nursing.
3. To promote highest efficiency in Christian Nursing Services.

4. To encourage the highest quality (nursing) candidates to choose nursing as a desirable Christian vocation.
5. To assist Christian Nurses and institutions in solving the problems peculiar to them.

Membership : All Christian Nurses from government, Railway, industrial and military hospitals, and overseas hospital members are welcome to join the League and are encouraged to strengthen the bonds of fellowship. Students' membership of Christian School of Nursing is encouraged. The Auxiliary Nurse-Midwives are accepted as associate members. Every effort is made to keep in touch with the nurses who work in other countries—Canada, U.S.A., U.K. and Arabian Gulf.

I. Activities

- (a) Christian nurses fellowship is promoted through Area Conferences, Retreats, Rallies, Prayer meetings and Social gatherings. Christian Medican Conferences afford opportunity to develop good quality leadership and active participation in the programmes.
- (b) *Publication : The Christian Nurse*, a bi-monthly publication of the League serves to promote fellowship and communication with one another, within the country and abroad.

Regional Languages' publication of nursing news is encouraged.

II. Professional Advancement

- (a) As a liaison with the Directorate-General, Health Services and TNAI the CNL recommends candidates for refresher courses and scholarships.
- (b) *Conferences and Contacts* : CNL tries to keep in touch with all the members directly and through Area Secretaries, to answer questions, help solve problems and provide prayer support. Efforts are made to help in placement.
- (c) *Projects* : A Scholarship Loan fund was built up to help a needy student. Contributions to the various relief measures.

Workshops and Refresher Courses—By the two Nursing Education Boards and the C.M.A.I.

Other Projects : The C.M.A.I. shares the national concern of health and population problems and has been actively involved to the Community Health and Family Planning programmes for more than a decade with headquarters at Bangalore. The Regional teams, each of which is led by a nurse member, are situated throughout the country giving guidance and leadership in planning and carrying out the programme.

Workshops : workshops and programmes in Community Health, Hospital Administration, Pharmacy and Laboratory are presently being carried on under the direction of the C.M.A.I.

III. Economic Welfare of Nurses

The League is interested in ensuring suitable remunerations, living and service conditions of nurses in Christian Hospitals. From time to time negotiations are carried out to improve these conditions.

IV. Nursing Education

The Schools under the two Nursing Education Boards and those outside (the Boards) maintain high standards of education. The examining Boards have been pioneering in publishing various Nursing Text Book besides continuing workshops, preparing Public Health teaching aids and evolving high quality examinations.

The aim of the CNL is to promote the highest efficiency in Christian nursing service, keeping abreast the changes and advances in medical and nursing education, and post-graduate programmes.

A high power commission was instituted to make a study and find out ways and means of ascertaining adequate clinical specialities, financial component pertaining to the upkeep of the nursing schools with attention to student status, and to establish the type of education in terms of the needs for health delivery system in India.

The Catholic Nurses' Guild of India

The Catholic Nurses' Guild of India is a part of worldwide organization which aims at giving spiritual, professional, social, economic and moral help to Nurses all over the world. India is part of the Asian Region of this Organization.

Spiritually, it tries to get the nurses to realise that their work is a vocation, a call by God the Healer, to share in his Healing Mission in the world. It tries to help them to interpret their profession in terms of their religion and to realise that sick patients need health of body, mind and spirit. This means the nurse herself needs spiritual as well as professional orientation. To effect this, besides local monthly discussions, regional study days and/or camps are organised, and a National Congress is held once in two years.

To encourage the nurses to be the best professional nurses, the CNG started a Post-Graduate scholarship Loan Fund.

It is discovered that nurses, male and female, married and unmarried, sometimes are in acute family economic needs. Especially female nurses are looked on as potential wage earners for the family. So when illness comes to a family member, when economic crisis comes in a family business, when death and marriage come requiring money, when educational needs arise for other family members, the nurse is expected to give an impossible amount. Some would only resort to money lenders from whose clutches it was next to impossible to ever escape as the interest was so high.

A Fund was built up so that such needy nurses could borrow from it and repay the loan at a fixed amount per month free of interest.

There was also started a Discretionary Fund for those nurses who come in extreme and urgent need. These were mostly wives (professional nurses before marriage) who for one reason or another had to unexpectedly undertake the sole support of their family. They had to be helped immediately while a post was being found for them, sometimes had to be supplied with uniform in order to take up a post or have arrears paid on an overdue telephone bill to prevent a private nurse from losing her telephone and consequently private cases.

Occasionally, CNL helps in the case of a member who for some reason does not receive his or her salary, does not get a transfer

granted when applied for, or who complains that her salary is below scale. Such cases are carefully investigated and redress sought.

National Council of Women in India

The National Council of Women in India was founded in 1925. The Council has its Branches spread all over India, and three Affiliated Societies, viz., I.W.C.A., Trained Nurses' Association of India, Guild of Service.

The Council is affiliated to the International Council of Women which enjoys consultative status with the United Nations.

Aims and Objects :

1. To promote sympathy of thought and unity of purpose among women in India;
2. To work for the removal of all disabilities of women whether legal, economic or social, and for the promotion of the social, civil, moral and educational welfare of women and children, ensuring opportunities for their full and free development and advancement;
3. To organise, develop and co-ordinate the work of the existing State Councils/Branches as may hereafter be formed under the auspices of, or may be accepted by the National Council of Women in India under the terms of its Constitution;
4. To co-ordinate the activities of other national organisations in India whose aims are in conformity with its own;
5. To form links with the National Councils of other countries through the International Council of Women.

The National Council of Women in India ever since its inception in 1925 has taken very active part in the problems concerning women and children through their Standing Sectional Committees.

The National Council of Women in India has a Sarla Devi Sarabhai Village Welfare Trust. There is another Trust for running Libraries in various parts of India through the Branches of the NCWI and recently a Trust for the handicapped had been founded in 1972 to look after the welfare of the disabled, etc.

ACTIVITIES

National

The National Council of Women in India is primarily engaged in the Welfare of needy women and children. It has several projects in several directions and is constantly expanding its existing welfare projects: (1) *Hospital for Child and Family Welfare*; (2) *Mobile Creche*; (3) *Home for the Aged*; (4) *Research Project (Mumbai)*; (5) *Reformatory Home for Women and Girls (Bapu Ghar)*; (6) *Children's Pre-Primary and Nursery Schools*; (7) *Adult Literary Schools*; (8) *Children's Libraries*; (9) *Handicraft Centres (Socio-Economic-cum-Training Centres)*; (10) *Tailoring and Stiehing classes*; (11) *Maternity Clinic (Allahabad Council)*; (12) *Free Medical Clinic*; (13) *Mental Retardation Information Centres (Maharashtra Council)*; (14) *Family Planning Centres*; (15) *The Bihar Council*.

International

The NCWI has been constantly expanding its contacts with other National Councils all over the world. Particulars by holding Conferences and Seminars.

National Institute of Public Cooperation and Child Development

Background

The National Institute of Public Cooperation and Child Development, formerly known as Central Institute of Research and Training in Public Cooperation (till June, 1975) was sponsored by the Planning Commission (Publication Division) and registered on February 21, 1966 as an autonomous organisation under the Societies Registration Act of 1860. On January 1, 1968 the Institute was transferred to the administrative control of the department of Social Welfare, Government of India, with the Minister incharge as the President of the General Body and Chairman of the Executive Council.

Organisational Structure

The Institute has a General Body consisting of Institutional representatives of voluntary agencies, Central and State Governments, Social Scientists, research and training institutes and nominated members which is the supreme deliberative body of the Institute. The Executive Council assisted by several sub-committees (Finance, Programme, Personnel, Building, Library, Publications, Staff Selection) look after the management aspects of the Institute.

Objectives:

The Institute was created mainly to assist the voluntary organizations to promote people's participation and cooperation in the National Development Programmes. Such an assistance was in the form of organising Orientation Training Courses and Seminars for the different levels of functionaries in the voluntary sector. In addition, the Institute also undertakes research and evaluation studies to find out the needs and problems of voluntary organisations as also to evaluate the implementation of plan programmes undertaken by them. Besides tendering technical advice and guidance to voluntary agencies, Central Government, State Governments and the Planning Commission, the Institute also undertakes the publication of suitable literature for the benefit of voluntary agencies and the Government.

Since June 1975, the Institute has been reorganised with a view to undertake some additional functions in respect of Child Development activities mainly to assist the implementation of National Policy Resolution on Children and to service the Integrated Child Development Services Scheme.

The Institute has done some very useful services in the cause of voluntary action for national development and looks forward to challenging tasks in the fields as well as in the field of child development.

B. Associations

Indian Red Cross Society

The Indian Red Cross Society is a voluntary humanitarian organization, established by an Act of the Indian Legislature in 1920, having on its rolls the States, the Union Territories and District and Sub-District Branches. It is a national institution embodying the ideal of brotherly help and is truly free from religious, sectarian or political affiliations' its activities being directed towards the 'Prevention of Diseases, Improvement of Health and Mitigation of Suffering'.

Besides its traditional responsibilities in times of war to help the sick and wounded soldiers as well as all other victims of conflict, the Red Cross, all over the world has an elaborate peace-time programme. The activities of the Indian Red Cross Society under this programme are as follows :

Disaster Relief:

In India disaster relief forms, by far, the most important part of the work of the Red Cross. The country has experienced a series of major disasters, one following another in rapid succession, bringing misery and suffering to millions of people. Ordinarily the Indian Red Cross provides for the victims' relief services, e.g., shelter, feeding and medical care, in all major disasters; it also provides clothing and other essential aids. Its pre-disaster preparedness plan aims at consolidation of resources in men and material so that organised relief could be provided without avoidable loss of time in times of calamities.

Aid to Institutions:

Besides giving relief in disasters, the Society provides assistance throughout the year to hundreds of hospitals, dispensaries, maternity and child welfare centres, schools, orphanages and other social welfare institutions.

Maternity and Child Welfare

The Society's Maternity and Child Welfare Bureau provides technical advice and assistance to its Branches and to others interested in improving the Maternity and Child Welfare Services in the country. The Bureau also assists in training health personnel for maternity and child welfare work. The Society runs several hundred maternity and child welfare centres and family welfare clinics throughout the country.

Hospital Welfare

The care of the sick and wounded of the armed forces constitutes one of the primary obligations of the society. These services include the maintenance of a well-equipped Red Cross Hospital and Home at Bangalore for permanently disabled ex-servicemen. The Society also provides diversional therapy to patients in military hospitals. Its welfare officers attached to these hospitals look after the comforts of the patients, distribute books, magazines, games equipment and various other amenity articles to them.

The Medical After-Care-Fund of the Society provides financial assistance towards medical relief, after-care and other cognate purposes to the sick ex-servicemen.

Health Education

The Society gives great care and attention to the task of educating the people especially the poor and backward sections among them, in matters relating to health. This is done by a programme of health education through dissemination of information on various diseases and on principles of health, sanitation and hygiene. Posters, pamphlets, lantern slides and films are prepared and distributed all over the country through various organisations. The Society also publishes Journals and maintains a film library to effectively assist in health propaganda.

Nursing Services:

The Nursing Section of the Indian Red Cross Society was created in 1959 to develop the Red Cross Nursing activities. The main function of this section is to improve, promote and expand the Home

Nursing Programme in the country by involving nurses in increasing numbers to participate in the programme. Lay Lecturers are also being trained to teach the subject to the public.

To assist the Nurses in the country to raise the standard of nursing the society offers Scholarships for higher education in post-certificate courses, Post-Basic B.Sc. and M.Sc. Nursing. This is an effort on the part of the Society to help Nurse educators and Nurse administrators to become more efficient and proficient in their profession so as to be more effective in the implementation of the country's total health care programme.

Junior Red Cross

The Junior Red Cross which was started in India in 1926, is an integral part of the Indian Red Cross Society. It is an organisation of school boys and girls all over the country, who are devoted to the ideals of the Red Cross. The programme of the Junior Red Cross is based on its three objectives, viz. Protection of Health and Life, Service and International Friendship.

First Aid and Ambulance :

The St. John Ambulance Association, which functions as the Ambulance Department of the Indian Red Cross, conducts training in First Aid, Home Nursing and allied subjects. It started functioning in 1912. Uniformed members of the St. John Ambulance Brigade render First Aid in Emergency and undertake mass vaccination and inoculation programmes in times of epidemics.

Blood Bank

Believing firmly that trading in human blood is wrong and that it should be made available free of charge to any patient for whose treatment it is required, the society started in 1962 the Red Cross Blood Bank in Delhi. It encourages voluntary donations of blood from healthy persons. All technical work involved in taking, storing and distributing of blood is done by the Red Cross Blood Bank.

Besides pioneering the voluntary Blood Bank in Delhi, the Indian Red Cross branches have also established Blood Banks in different parts of the country.

Miscellaneous

Besides these principal activities of the Society, there are a chain of numerous other Red Cross Programmes of lesser magnitude, e.g., supply of artificial limbs, free milk distribution, etc.

The St. John Ambulance Association and the St. John Ambulance Brigade Headquarters : 1 Red Cross Raod, New Delhi.

The St. John Ambulance Association was formed in 1877 in England by the order of the Hospital of St. John of Jerusalem in that country. Since the founding of the Venerable Order of the St. John of Jerusalem, which had set up a hospice in Jerusalem in the 10th century, the ambulance movement had been in existence in one form or the other.

From England the movement spread to other countries and in 1912 the Association was established in India having its objects :

- (a) Training of people in rendering first-aid in case of accident or sudden illness, and in the transport of the sick and injured.
- (b) The instruction of persons in the elementary principles and practice of nursing and hygiene, especially that of a sick room;
- (c) The organisation of Ambulance Corps, Invalid Transport Cops, Nursing Corps and Voluntary Aid Detachments;
- (d) And generally the promotion of instruction and work for the relief of suffering of sick and injured in peace and war, irrespective of class, nationality or religion.

The Association is not to rival but to aid the medical men. The subject matter of instruction imparted by the Association enables the people to adopt such measures as may be useful pending the doctor's arrival or during the intervals between his visits.

Out of the personnel so trained is raised the St. John Ambulance Brigade comprising uniformed and disciplined body of men and women, all of whom are holders of first aid certificates and in the case of women, also Home Nursing Certificates. They undertake public duty whenever required for rendering first aid and other services at fairs, festivals, sports meets, etc.

St. John Ambulance Association has State, Union Territory and Railway Centres with many local centres. The St. John Ambulance Brigade consists of many Districts covering almost all the States, U.T. and Railway.

The Tuberculosis Association of India

The Tuberculosis Association of India which came into existence in 1939, with headquarters in New Delhi, has done meritorious work in carrying out a programme of educating the general public about tuberculosis.

The Tuberculosis Association of India has assisted in stimulating the interest of the Nursing profession in Tuberculosis prevention and patient care. Senior Nurses are incharge of Nursing Sections in the Association's institutions.

Certain fellowships were also secured by the Association for sending Nurses abroad for experience in Tuberculosis Nursing.

The Lala Ram Swarup Hospital, Mehrauli, Delhi, one of the institutions managed by this Association continues to be the training centre in Tuberculosis of the Student Nurses.

New Delhi T.B. Centre, another institution managed by this Association, has also been giving similar training.

CHAPTER VIII

Some Facets of Nursing

Public Health Nursing

The Health Survey and Development Committee (Bhore Committee) which made a detailed survey of health conditions in India during the years 1944 and 1945 stated that in order to promote preventive work, co-operation of every individual citizen in the maintenance of healthy home and environment has to be sought. In order to inculcate the principles of healthy living among citizens of India, different measures must be taken from various points of view simultaneously.

In the wake of independence of India a multi-purpose project called Community Development Programme was instituted. This project was designed to get the initiative and active co-operation of members of the Community themselves in improving their socio-economic standards, since standards of health are closely linked with the economic and social structures of the community. For administrative convenience every 100 villages were grouped under a Block, and the whole country was covered by 5000 such Blocks. Since health is an integral part of the Community Development Project, in order to establish a comprehensive pattern of health services a Primary Health Centre with three Sub-Centres for every block were planned. It was proposed to have one Public Health Nurse and one Auxiliary Nurse-Midwife for each Sub-Centre. Basic services such as medical care, maternal and child care, family planning, school health, education, environmental sanitation, control of communicable diseases and collection of vital statistics were the responsibility of the Primary Health Centres and Sub-Centres, alongwith the existing health services

The ultimate objective in India's Five-Year Plans may be stated as : to have one Primary Health Centre and three Sub-Centres for

a population not exceeding 25,000 people living in about 25-30 villages. The Health Survey and Planning Committee (Mudaliar Committee 1959-60) recommended that every nurse must be able to function in the public health field, as such, the scope for public health nursing in India is widened.

Educational Opportunities in Public Health Nursing

The nurses graduating from the basic baccalaureate degree programmes have the privilege of having a sound public health nursing programme integrated in their 4-year university courses. This is a major achievement of the nursing profession in India since 1946.

Nurse educators have decided that every registered nurse in future should be able to work in the Public Health field. Hence, steps to integrate public health nursing in the general nursing certificate course have also been taken.

The Lady Reading Health School

This school was started under the auspices of a voluntary association known as the Delhi Association for Training Health Visitors and Maternity Supervisors. With the formation of Lady Chelmsford League in 1920, the School became its direct concern and the Association was absorbed into the League. In 1925 Lady Reading donated out of public funds available with her a sum of one lakh of rupees for a permanent building for the school. In 1931, with the establishment of the Maternity and Child Welfare Bureau under the Indian Red Cross Society, the School became the responsibility of the Red Cross Society. In April 1952 the School was taken over by the Central Government.

The Lady Reading Health School functions as an All-India School, and training is offered to candidates from States where there are no health schools. The course takes two and a half years, providing one and a half years of elementary nursing and midwifery and one year for Public Health. The Lady Reading Health School was the first one to start this integrated course in 1954.

In November 1960, a Public Health Nursing Course of 10 months' duration was started for registered nurses with one or two years of experience as Staff Nurses. Candidates are admitted from

any part of the country, either State sponsored or private. The date of commencement of the course is July.

Nursing Education

With political independence came a new and broader Nursing outlook and the sights for nursing were set with the Indian village in view. More and more emphasis has been given on Nursing Education in the recent years.

General Nursing

The Indian Nursing Council (1949) was constituted partly to standardise nursing education. The first basic curriculae for General Nursing emphasised the need to integrate Public Health in the Basic Nursing programmes. This was the first step forward in attempting to meet India's health needs and was instrumental in spreading Nursing from the confines of hospital and care of the sick to prevention of sickness and promotion and maintenance of community health. Thus the era of public health nursing came into being.

The educational requirement for General Nursing is 10 + 2.

The courses offered are :

Health Visitors; Auxiliary Nurse-Midwives; General Nursing and Midwifery; B.Sc. (Nursing); M.Sc. (Nsg); M. Phil (Nsg).

Post-Certificate Diploma and Certificate Courses

The first Post-Certificate Nursing course was established at the Lady Reading Health School in 1943 when courses in Administration, and later, Teaching, were offered. The main purpose was to develop nursing education at a professional level and to provide India with adequately prepared nurses to fill administrative and teaching posts. To this end the several institutions, now offering post-certificate education, continue to function.

The TNAI realises that there is need to promote the advancement of nursing and a broad and continued aim is to raise the standard of education. The TNAI members serving on the Indian Nursing Council and other educational committees have made a commendable contribution to the progress of post-certificate

education.

The TNAI also provides a number of scholarships annually for courses in India.

Post-Certificate Dipoloma and Certificate Courses

Courses: Diploma in Nursing Education and Administrations; Diploma in Nursing Administration; Dipoloma in Pyshiatric Nursing; Public Health (Community Health); Paediatric Nursing; Paediatric Nursing (Refresher Course); Orthopaedic Nursing; Operation Theatre; Ward Administration; Cardiology; Oncology; etc.

Baccalaureate Degree Programme

Basic

In 1946, two institutions offering a basic Bachelor's degree were established — a College of Nursing at New Delhi and a School of Nursing at Vellore. These two institutions have influenced the development of nursing in India and helped to raise the status of the profession. The syllabi, although generally based on the pattern of American degree course, have been adopted to meet the needs of India and emphasis is laid on the integration of public health throughout the four-year course.

Post-Basic

An important step forward has been the setting up of a two-year degree course for registered Nurses.

This course includes both general and professional education which aims to equip nurses to assume leadership in the field of nursing.

Educational requirements : General Nursing Certificate, three years experience after graduation, 10 + 2.

Distance Education : The Indira Gandhi National Open University (IGNOU), New Delhi has started a distance education programme of Post-Basic B.Sc., Nsg.

Post-Graduate Course Leading to Master of Nursing Degree

There are now a good number of institutions where post-graduate courses leading to the Master of Nursing degree are being conducted.

Military Nursing Service

Brief History

History of the Military Nursing Service begins with the year 1888 when a small batch of British nurses arrived in India from the U.K. to serve British troops hospitals. A Nursing service for Indian troops hospital was, however, sanctioned about three decades later—during the First World War. The Indian nurses, who joined, served in India and abroad and gave an excellent account of themselves.

After the war, a small number of these Indian nurses were retained. With their zeal and devotion, remarkable improvement was shown in the nursing care of patients in hospitals. In 1924, an interim establishment of 55 Indian nurses was sanctioned. Two years later, i.e., in 1926 a permanent Nursing Service was formed. It was designated as Indian Military Nursing Service (IMNS).

With the outbreak of the Second World War; the IMNS showed rapid expansion. On 15th September, 1943, an Ordinance was issued declaring the IMNS a part of the Indian Armed Forces and conferring the status of commissioned officers on its members. This was a milestone in the history of MNS.

With the advent of Independence in August 1947, all the foreign nurses had to be repatriated. The strength of the service came down to 320 Nursing Officers. However, due to continuous recruitment from Nursing institutions, the MNS has grown into a full fledged service.

Military Nursing Service has two types of Commissions: Permanent and Temporary.

Rank Structure

Nursing Officers ranks are like any other Army Officers, viz., Lieut., Capt., Major, Lt. Col., Col., Brig. and Maj.-General. Their first appointment is in the rank of Lieut. Nursing Officers of the

Permanent cadre are eligible for promotion by time-scale, to the rank of Lt. Col. Promotion to the ranks of Col., Brig. and Maj.-General is by selection.

ORGANISATION

Army Headquarters

The highest appointment in MNS is the Addl. Director-General of Nursing Services in the rank of Maj.-General. She is the technical adviser to the DGAFMS on recruitment of MNS Officers, terms and conditions of service of MNS Officers, training of nursing officers and Probationer nurses and administration of Nursing institutions. She is also an Adviser to the D.M.S. (Army), (Navy) and (Air Force) in matters effecting the administration of the nursing services in the Military, Naval and Air Force hospitals.

Schools/College of Nursing

The Schools conduct a three-year course in General Nursing and Midwifery. During their training students receive stipend, uniform and upkeep allowances. In addition they get free messing, free furnished accommodation with allied services, travel concession and free medical treatment. After completion of the course, they are eligible for Permanent Commission in the MNS.

The College of Nursing, at AFMC, Pune, which was set up in 1964, conducts a four-year course leading to the degree of B.Sc. (N) of the Pune University. They are paid a stipend. They get one year antedate on being commissioned. Other allowances and concessions for them are also given.

This College also conducts the P.C., B.Sc. (Nsg.) course and certain other short courses in Nursing specialities.

Nursing Officers are entitled to a number of allowances as other Defence officers.

Training of Nursing Officers

Great Importance is laid on imparting training to Nursing Officers to improve standards of nursing. Nursing Officers are sent to civil institutions for advanced courses.

Status of MNS Officers

Nursing Officers, like other service officers are Class I Gazetted Officers holding commissioned rank and are subject to Army Act with certain relaxation peculiar to ladies. They are entitled to compliment in the same manner as other officers.



CHAPTER IX

Indian Nursing Council & Nurses' Registration Councils

1. The Indian Nursing Council

The Indian Nursing Council was constituted to establish a uniform standard of education for Nurses, Midwives, Health Visitors and Auxiliary Nurse-Midwives. The Indian Nursing Council Act was passed by an ordinance on December 31, 1947. The Council was constituted in 1949. TNAI is represented on this Council by a member elected by TNAI Council. The other Nurse members on the Council are also members of TNAI and, therefore, the Association is well represented.

The Council is composed of representatives of State Registration Councils, Central and State Health Departments, Military Nursing Service, Indian Red Cross Society, Colleges and Schools of Nursing, Health Schools and Post-Certificate Schools, TNAI, Medical Council of India, Indian Medical Association and Members of Parliament.

Before the Indian Nursing Council Act came into force, nurses, midwives and health visitors, registered in one State in India could not, in all cases, be registered in another State as the certificate given by the particular Registration Council might not be recognised by another State. This anomalous situation was rectified by the Indian Nursing Council Act, providing for any recognised qualification to be accepted for listing in State Registers. Recognised qualifications are given in the Schedule to the Act and comprise those Registration Councils and Examining Boards which issue qualifying certificates. The power to give recognition to such bodies is vested in the Indian Nursing Council alone, but before recognition is given, the Council Board must be first recognised by the State Government.

As the Council was constituted to establish uniform standards, it has power to prescribe curricula for the various courses for nursing personnel and to visit teaching centres and to recognise qualifications, or withdraw such recognition. A right of appeal against any disciplinary action taken by the Council is provided for in the Act.

Procedure for Recognition of Colleges Schools

- (1) Recognition must be obtained from the local Registration Council.
- (2) With a copy of the Gazette notification of State Registration the College/School should approach the Secretary, INC for recognition.

The Act was amended in November 1957 to provide among other things for :

(i) Foreign Qualifications

- (a) A citizen of India holding a qualification which entitles him or her to be registered with any registering body may, by the approval of the Council, be enrolled in any State Register; and where approval has been accorded by the Council in respect of such qualification in one case, the approval of the Council for enrolment in a State Register in the case of any other citizen of India holding the same qualification shall not be necessary.
- (b) A person not being a citizen of India who is employed as a nurse, midwife, auxiliary nurse-midwife, teacher or administrator in any hospital or institution in any State for purposes of teaching, research or charitable work, may with the approval of the President of the Council, be enrolled temporarily in the State Register. In such cases foreign qualifications are recognised temporarily upto a period of five years. If the incumbent continues to practise in India, an extension of recognition should be sought from INC.

(c) All applications for recognising foreign qualification should be sent to the Secretary, Indian Nursing Council with attested copies as follows :

- (i) A copy of Registration with the Council of the country where

qualified (if no registration exists, the same should be mentioned).

- (ii) The transcript of theory classes and clinical experience.

(ii) Indian Nurses' Register

(1) The Council shall cause to be maintained in the prescribed manner a Register of Nurses, midwives, auxiliary nurse-midwives and health visitors to be known as the Indian Nurses' Register, which shall contain the names of all persons who are for the time being enrolled on any State Register.

(2) Such Register shall be deemed to be a public document within the meaning of the Indian Evidence Act 1872 and may be proved by a copy published in the Gazette of India.

Information on questions connected with the training and registration of nurses, midwives, health visitors and auxiliary nurse-midwives, and syllabi for the different courses can be obtained from the Secretary, Indian Nursing Council, Combined Councils Building, Kotla Road, Temple Lane, New Delhi-110001.

II. State Registration Councils

The training of nurses, midwives, health visitors and auxiliary nurse-midwives is to a large extent controlled by the Nurses Registration Councils in the States.

The Functions of the Councils Include :

1. To accredit and inspect Schools of Nursing in their States.
2. Conduct examinations.
3. Prescribe rules of conduct, take disciplinary action, etc.
4. Maintenance of Register of nurses, midwives, auxiliary nurse-midwives and health visitors.

The State Registration Councils are autonomous to a great extent except that powers to prescribe regulations and syllabi for the various training courses, to recognise examining bodies and to negotiate reciprocity are now vested in the Indian Nursing Council.

List of Heads of State Nursing Councils in India and Examining Bodies

1. The Registrar,
Andhra Pradesh Nurses
Midwives, A.N.M. & Health
Visitors Council,
Sultan Bazar, Hyderabad (A.P.)
 2. The Registrar
Assam Nurses Midwives and
Health Visitors Council,
Guwahati-781006 (Assam)
 3. The Registrar
Bihar Nurses Registration Council,
P.H.E.D. Bhawan,
1st Floor, Bailey Road,
Patna - 15 (Bihar)
Phone (R) 0612/659646
 4. The Registrar
Gujarat Nursing Council
OPD Building, 1st Floor,
New Civil Hospital,
P.B. No. 2021,
Ahmedabad-16 (Gujarat)
Phone : (O) 378089
(R) 7865996
 5. The Registrar
Haryana Nurses Registration
Council,
SCO No. 32,
Sector 20-D, Near Labour Chowk
Dakshini Marg, Chandigarh-160
020
Phone : (O) 706094 (R) 77404
 6. The Registrar-cum-ADHS (Nsg.)
cum-President,
Himachal Pradesh Nurses
Registration Council,
S.D.A. Complex, Health
 7. The Registrar
Kerala Nurses & Midwives Council,
Red Cross Road,
Thiruvananthapuram (Kerala)
 8. The Acting Registrar,
Tamil Nadu Nurses & Midwives
Council,
140, Santhome High Road,
Mylapore (Near Santhome Church),
Chennai - 600 004 (Tamil Nadu)
 9. The Registrar,
Mahakoshal Nurses Registration
Council,
M-78, Block No. 9,
Harshwardhan Nagar,
Bhopal-3 (Madhya Pradesh)
Phone (O) 571556 (R) 572737
 10. The Registrar
Kanarataka Nursing Council,
Directorate of Health & Family
Welfare Services, Ananda Rao
Circle, Bangalore - 560009,
(Karnataka)
 11. The Registrar
Maharashtra Nursing Council
E.S.I.S. Hospital Compund
Nurses Hostel, 11nd floor,
Bombay-400 080 (Maharashtra)
Phone (O) 022/5654101,
5652159
 12. The Registrar
Punjab Nurses Registration Council,
- Directorate Kausumti,
Shimla - 171009 (H.P.)
Phone : (R) 211001
(O) 221424, 22184

- S.C.O. No. 373, Sector 32-D
Chandigarh-160 031
Phone : (O) 601663, (R) 606247
- 13. The Registrar**
Rajasthan Nursing Council,
12 Dwarikapuri 'C' Scheme,
Jamnalal Bajaj Marg, Jaipur-302001
(Rajasthan)
- 14. The Registrar**
Orissa Nurses & Midwives
Examination Board & Orissa Nurses
and Midwives Council]
Health Directorate, Khurda,
Bhubaneswar - 751001 (Orissa)
Phone : (O) 406515, 406341,
406169, 406128
Extension Number 338
- 15. The Registrar**
West Bengal Nursing Council,
8, Lyons Range, 4th floor,
Calcutta - 700 001 (W.B.)
- 16. The Registrar**
Uttar Pradesh Nurses &
Midwives Council,
5, Servapalli, Mall Avenue Road
Lucknow-226 001 (U.P.)
Phone : (O) 248256, (R) 283636
- 17. The Registrar**
Tripura Nursing Council,
Directorate of Health
Services (3rd floor),
Assam Rifle Complex
P.O. Kunjaban, Agartala.
Phone : (R) 226974
- 18. The Registrar**
Mizoram Nursing Council,
- Dawrpui, Aizawl,
Mizoram.
Phone: (O) 23678
- 19. The Secy-cum-Treasurer,**
Directorate of Health Services,
Meghalaya Nursing Council
Lower Lachumire,
Shillong - 793001 (Meghalaya)
Phone : (O) 224354
- Examining Bodies**
1. Addn. D.G.M.N.S.
Armed Forces Medical
Services Examination Board
Raksha Mantralaya,
Karyalaya Maha Nideshak
Sashastra Sena Chikitsa Sewa
'C' Block Hutmants
New Delhi - 110 001
Ph. (O) 3012552, (R) 329 2362
 2. The Secretary-Treasurer
The Mid-India Board of
Examiners of the Nurses League
of the CMAI, Mure Memorial
Hospital, Amrawati Raod,
Sitabuldi P.O. Nagpur, Post Box
No. 96,
Maharashtra - 440 001.
Phone (O) 0172/543040
 3. Mrs. S.V. Pothen
The Secretary-Treasurer
The Board of Nursing Education
of Nurses League, C.M.A.I.
South India Branch, IIIrd Floor,
H.V. Court, 21, Cunnighaon
Road, Bangalore - 560 052,
(Karnataka)

(Universities having degree courses in Nursing conduct their own examinations)

(Source : Indian Nursing Council)

APPENDIX A

**OFFICERS OF THE ASSOCIATION
OF NURSING SUPERINTENDENTS OF INDIA**

The following is a list of officers of the Association of Nursing Superintendents from its inception in 1905 to 1922 when the Association was amalgamated with the Trained Nurses' Association of India:

Year	President	Vice President	Hon. Secretary and Treasurer
1905	The Hon. F.M. Macnaghten	Miss E. Butcher (Mrs. Kloss)	Miss Knox (Mrs. Burne) and Miss Fawcett
1906	The Hon. F.M. Macnaghten	Miss Martin	Miss Thorpe
1907	The Hon. F.M. Macnaghten	Miss Martin	Miss Thorpe
1908	Miss Martin	Miss Tippets	Miss Thorpe
1909	Miss Martin	Miss Tippets	Miss Thorpe
1910	Miss Tippets	Miss Creighton	Miss Thorpe, till May (After Miss Thorpe's death in May, 1910, the work was carried on by Mrs. Kloss & Miss Tippets).
1911	Miss Tippets	Miss Creighton	Miss Henry
1912	Miss Davidson	Miss Creighton	Miss Henry
1913	Miss Martin	Miss Creighton	Miss Henry and Miss Hawkins
1914	Miss Mill	Miss Martin	Miss Thacker and Miss Hawkins
1915	Miss Mill	Miss Martin	Miss Hawkins
1916	Miss Dent	Miss Martin	Miss Hawkins
1917	Miss Dent	Miss Mill	Mrs. Blackaby (Miss Hawkins)
1918	Miss Dent	Miss Bonser	Mrs Blackaby
1919	Miss Bonser	Miss Mill	Mrs Blackaby
1920	Miss Mill	Miss Rawson	Miss Lamb
1921	Miss Mill	Miss Rawson	Miss Lamb

OFFICERS OF THE TRAINED NURSES' ASSOCIATION OF INDIA

Organized in 1908, the Trained Nurses' Association of India had the same Officers as the Association of Nursing Superintendents till 1910. From 1910 the officers were as follows:

<i>Year</i>	<i>President</i>	<i>Vice-President</i>	<i>Hony. Secretary and Treasurer</i>	<i>Editor</i>	<i>Business Manager</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	
1911	Miss S.G. Tindall	Miss Pritchard	Miss L. Bonser	Miss M.E. Butcher	Mrs. M. Barr
1912	Miss S.G. Tindall	Miss C.R. Mill	Miss L. Bonser	Miss M.E. Butcher	Mrs. M. Barr
1913	Miss S.G. Tindall	Miss C.R. Mill	Miss L. Bonser	Mrs. W.H. Klosz	Mrs. M. Barr
1914	Miss M. Bartleet	Miss L.E. Mackenzie	Miss SG. Tindall	Mrs. W.H. Klosz	Mrs. M. Barr
1915	Miss M. Bartleet	Miss L.E. Mackenzie	Miss Thacker	Mrs. W.H. Klosz	Mrs. M. Barr
1916	Miss M. Bartleet	Miss L.E. Mackenzie	Mrs. Addyman	Mrs. M. Barr	Mrs. M. Barr
1917	Miss M. Bartleet	Miss L.E. Mackenzie	Miss H.M. Thacker, Lady Hardinge	Mrs. M. Barr, Datoobhoy	Mrs. M. Barr
	Peach Cottage, Coonoor	Medical College	Cama Hospital, Mumbai	Mansions, Mayo Road, Mumbai	Hospital, New Delhi

1918	Miss M. Bartleet, Repose, Coonoor	Miss L.E. Mackenzie Lady Hardinge Medical College Hospital, New Delhi	Miss H.M. Thacker, Cama Hospital, Mumbai	Mrs. Wilkin, Evelyn House, Apollo Bunder, Mumbai	Mrs. M. Barr, Datoobhoy Mansions, Mayo Road, Mumbai	Miss Thackar, Cama Hospital, Mumbai
1919	Miss M. Bartleet	Miss L.E. Machenzie Lady Hardinge Medical College Hospital, New Delhi	Miss Wilkinson, St. Stephen's Hospital, Delhi	Miss Bonser, Indian General Hospital, Karachi	Miss Mackenzie Lady Hardinge Medical Hospital, New Delhi	Miss Thacker, Cama Hospital, Mumbai
1920	Miss Martin, St. Catherine's Hospital, Kanpore	Miss Bartleet, Repose, Coonoor	Miss Wilkinson, St. Stephen's Hospital, Delhi	Miss Mackenzie Lady Hardinge Medical Hospital, New Delhi	Miss Bonser, R.R.C., 19-Fort Bannu, N.W.F.P.	Miss Thacker, Cama Hospital, Mumbai
1921	Miss Derbyshire, R.R.C. Viceregal Lodge, Simla	Miss Rawson, Mission Hospital, Palwal,	Miss Rawson	Miss Bonser, R.R.C., 19-Fort Bannu, N.W.F.P.	Miss Thacker, Cama Hospital, Mumbai	Miss Thacker, Cama Hospital, Mumbai
1922	Lady Edwards, Maids Hospital Delhi	Miss Rawson, Mission Hospital Palwal, South Punjab	Miss Griffin, Farhat Manzil, Nicholson Road, Delhi	Miss Thacker, Cama Hospital, Mumbai	Miss Thacker, Cama Hospital, Mumbai	Miss Thacker, Cama Hospital, Mumbai

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1923	Miss Hodgson, R.R.C. Viceroyal Lodge, Simla	Miss Rawson, Mission Hospital, Palwal, S. Punjab	Miss Griffin, Farhat Manzil, Nicholson Road, Delhi	Miss Thacker, Cama Hospital Mumbai	Miss Thacker, Cama Hospital Mumbai	Miss Thacker, Cama Hospital Mumbai
1924	Miss Hodgson, R.R.C. Viceroyal Lodge, Simla	Miss H.W. Sutherland, Rainy Hospital, Chennai	Miss C.F. Slater, hazaribagh, Chota Nagpur	Mrs. Chesney, R.R.C. 27, Bungalow, Ambala Cantt.	Miss Ford, Sassoon Hospital, Poona	Miss Ford, Sassoon Hospital, Poona
1925	Mrs. Franklin, 33, Rajpur Road, Delhi	Miss H.W. Sutherland, Rainy Hospital Chennai	Miss C.F. Slater, Hazaribagh, Chota Nagpur	Mrs. Chesney, R.R.C. 27, Bungalow, Ambala Cantt.	Miss Ford, Sassoon Hospital, Poona	Miss Ford, Sassoon Hospital, Poona
1926	Mrs. Franklin, 33, Rajpur Road, Delhi	Miss H.W. Sutherland, Rainy Hospital, Chennai	Miss Balls, Sassoon Hospital, Chennai	Mrs. Chesney, R.R.C. 27, Bungalow, Ambala Cantt.	Miss Ford, Sassoon Hospital, Poona	Mrs. Chesney, R.R.C. C/o 2/3 Sikh Pioneers, 6 Bungalow, Sialkot Punjab
1927	Mrs. Franklin, 33, Rajpur Road, Delhi	Miss H.W. Sutherland, Rainy Hospital, Chennai	Mrs. Watts, Kilpauk, Chennai	Mrs. Watts Kilpauk, Chennai	Mrs. Watts Kilpauk, Chennai	Miss G.H. Gadsden, Govt. General Hospital, Chennai (part year)

1928	Mrs. Franklin, 33, Rajpur Road. Delhi	Miss Sutherland & Mrs. T.H. Symons Chennai	Mrs. J.C. Studdert Kennedy, Bishop, Westcoot School for Boys, Namkum P.C. Ranchi	Mrs. Watts. Kilpauk, Chennai	Mrs. Watts Kilpauk, Chennai
1929	Lady Symons, 2 York Road, New Delhi	Miss Sutherland & Miss Slater, D.V. Mission, Hazaribagh Chota Nagpur	Mrs. Watts. Kilpauk, Chennai	Mrs. Watts Kilpauk, Chennai	Mrs. Watts Kilpauk, Chennai
1930	Miss M.E. Abram, Presidency General Hospital, Calcutta	Hon. Miss F. Macnaghten, Kangra, Punjab & Mrs. Elrington Reed, 3 Bradley House, Colaba, Mumbai	Mrs. Watts and Miss A.C. McA. Munro, C.B.M. Hospital, Parlakimedi, Ganjam	Mrs. Watts and Miss A.C. McA. Munro, C.B.M. Hospital, Parlakimedi, Ganjam	Minute Secretary Miss A.C. McA. Munro Parlakimedi, Ganjam Dist.
1931	Miss M.E. Abram, Presidency General Hospital, Calcutta	Miss F. Macnaghten, Kangra, Punjab	Mrs. Watts, Kilpauk, Chennai	Mrs. E.A. Watts and Miss A.C. McA. Munro	

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1932	Miss M.E. Abram, Presidency General Hospital, Calcutta	Miss Chadwick, Govt. General Hospital, Chennai	Mrs. Watts, Kilpauk, Chennai	Mrs. Watts Kilpauk, Chennai	Mrs. Watts Kilpauk, Chennai	Miss L.J. Timm, Farrar Hospital, Bhiwani, Punjab
1933	Miss M.E. Abram, Presidency General Hospital, Calcutta	Miss Wilkinson, St. Stephen's Hospital, Delhi	Miss Chadwick, Govt. General Hospital, Chennai	Miss Wilkinson, St. Stephen's Hospital, Delhi	Miss Wilkinson, St. Stephen's Hospital, Delhi	Miss L.J. Timm, Farrar Hospital, Bhiwani, Punjab
1934	Miss M.E. Abram, Presidency General Hospital, Calcutta	Miss Chadwick, Govt. General Hospital, Chennai	Miss Wilkinson, St. Stephen's Hospital, Delhi	Miss D. Chadwick Govt. General Hospital, Chennai	Miss D. Chadwick Govt. General Hospital, Chennai	Miss L.J. Timm, Farrar Hospital, Bhiwani, Punjab

<i>Year</i>	<i>President</i>	<i>Vice-President</i>	<i>Hon. Treasurer</i>	<i>Gen. Secretary</i>	<i>Editor</i>	<i>Minutes Secretary</i>
1	2	3	4	5	6	
1935	Miss M.E. Abram Presidency General Hospital, Calcutta	Miss Chadwick, Gvt. General Hospital, Chingleput, Chennai.	Miss H. Sutherland, Chingleput,	Miss Diana Hartley, Kilpauk, Chennai	Miss Diana Hartley, and Miss McA. Munro, Parlakimedi	Miss L.J. Timm, Farrar Hospital Bhiwani, Punjab
1936	Miss M.E. Abram, Presidency General Hospital, Calcutta	Miss Wilkinson, St. Stephen's Hospital, Delhi	Miss H. Sutherland, Chingleput.	Miss Diana Hartley, Kilpauk, Chennai	Miss Diana Hartley, Kilpauk, Chennai	Miss L.J. Timm, Miss F. Vale, Holdsworth Memorial Hospital, Mysore
1937	Miss M.E. Abram, Presidency General Hospital Calcutta	Miss Wilkinson, St. Stephen's Hospital, Delhi	Miss Esplin, Christina Rainy Hospital, Chennai	Miss Diana Hartley, Kilpauk, Chennai	Miss Diana Hartley, Miss Longland	Miss L.J. Timm, Miss F. Vale, Holdsworth Memorial Hospital Mysore

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1938	Miss D. Chadwick	Miss A. Wilkinson, Miss M.D. Winter	Mrs. E.A. Watts, Watts, Keswick, Coonoor	Miss Diana Hartley, Kilpauk, Chennai	Miss Diana Hartley, Longland	Miss L.J. Timm, Miss F. Vale, Holdsworth Memorial Hospital, Mysore
1939	Miss D. Chadwick	Miss A. Wilkinson, Miss M.D. Winter	Mrs. E.A. Watts, Keswick, Coonoor	Miss Diana Hartley Hon. Secretary : Mrs. Watts	Miss Diana Hartley Mrs. E.A. Watts, Miss Longland Velacheri	Miss L.J. Timm, Miss F. Vale, Holdsworth Memorial Hospital Mysore
1940	Miss D. Chadwick	Miss A. Wilkinson, 24, Rajpur Road Delhi	Mrs. E.A. Watts, Keswick, Coonoor, Nilgiris	Miss D. Hartley, Valley View, Coonoor Nilgiris	Miss D. Hartley, Valley view. Coonoor, Nilgiris	SNA Secretary Mrs. E.A. Watts Keswick, Coonoor Nilgiris
1941	Miss D. Chadwick, till Nov., 1941	Miss H. Lucas (Acting) Miss E. Hutchings	Mrs. E.A. Watts, Keswick, Coonoor,	Miss D. Hartley, Bangalore	Miss D. Hartley	Mrs. E.A. Watts Keswick, Coonoor,

Wilkinson (Acting), 9, Raj Narain Road, Delhi	Nilgiris	Miss E.	Miss H. Lucas Bangalore, Miss T.K. Adravala, J.J. Hosp., Mumbai	Miss D. Hartley Office of the D.G.I.M.S., New Delhi	Miss D. Hartley, Viceroyal Estate New Delhi	Miss Checketts, Rehamatpur Hospital, Palwal	Nilgiris
1942	Miss A.	Miss H. Lucas Wilkinson, 9 Raj Narain Road Delhi	Mrs. N. Bedford, Lady Dufferin Hospital, Calcutta	Miss E. Hutchings Office of the D.G.I.M.S.N. Delhi and Miss M.E. Abram, Irwin Hospital, New Delhi	Miss D. Hartley, Viceroyal Estate, New Delhi	Miss Checketts, Rehamatpur Hospital, Palwal	Nilgiris
1943	Miss A.	Wilkinson, 9 Raj Narain Road Delhi	Miss H. Lucas Bangalore, Miss T.K. Adravala, J.J. Hosp., Mumbai	Miss E. Hutchings Office of the D.G.I.M.S.N. Delhi and Miss M.E. Abram, Irwin Hospital, New Delhi	Miss D. Hartley, Viceroyal Estate, New Delhi	Miss Checketts, Rehamatpur Hospital, Palwal	Nilgiris
1944	Miss A.	Wilkinson, 9 Raj Narain Road Delhi	Miss L.E. MacKenzie (North) Miss M. Craig (Delhi), Mrs. E. Watts	Miss D. Hartley and Miss E. Hutchings Office of the D.G.I.M.S., New Delhi	Miss D. Hartley and Miss E. Hutchings Office of the D.G.I.M.S., New Delhi	Miss Checketts, Rehamatpur Hospital, Palwal	Nilgiris

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	(South) Mrs. N. Bedford (East) Miss T.K. Adranvala (West) Mother						
1945	Miss A. Wilkinson, 5 Raj Narain Road Delhi	Miss E. Hutchings	Miss M.E. Abram	Miss M.E. Abram	Miss M.E. Checkatt, Rehamatpur Hospital Palwal		Miss Van Vranken,
	M. Kinesburgh (Central)	Miss L.E. Mackenzie (North)	Miss M. Craig (Delhi)	Mrs. E. Watts (South)	Mrs. N. Bedford (East)	Miss T.K. Adranvala (West)	Rev. Mother M. Kinesburgh (Central)
1946	Miss A. Wilkinson, 3 Commissioner	Miss L.E. Mackenzie (North)	Miss E. Hutchings	Miss H.E. Abram,	Miss M.E. Abram, 4		

1947	Miss A. Wilkinson, 4-A, Underhill Lane, Delhi	Miss E. (North) Miss M. Craig (Delhi) Miss E. Watts (South) Mrs. N. Bedford (East) Miss T.K. Adranvala (West) Moher M. Kinesburg (Central)	Miss E. Hutchings Office of the D.G.I.M.S. Delhi Hon. Miss E. Watts (South) Miss N. Bedford (East) Miss T.K. Adranvala (west) Rev. Mother Kinesburg (Central)	Miss H.E. Abram, Underhill Lane, Delhi	Miss M.E. Abram, 4 Underhill Lane, Delhi	Miss Van Vranken and Miss E. Barnes, 1 Underhill Lane, Delhi
1948	Miss A. Wilkinson, (North)	Miss Z.G. Phillips, College Calcutta and Allahabad	Miss E. France (North)	Miss A. Roy 1 Underhill	Miss A. Roy 1 Underhill	Miss E. Barnes, Calcutta and Allahabad

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1 Underhill Lane, Delhi	Miss M. Craig (Delhi)	of Nsg., New Delhi and Jt. Hon. Treasurer	Miss I. Dorabji, 1 Underhill Lane, Delhi			
August	Miss T.K. Adranvala, 1 Underhill Lane, Delhi	Mrs. E. Watts (South)	Miss M. Craig			
		Mrs. F. Anthony (East)				
		Rev. Mother				
		Kinesburg (Central)				
1949	Miss T.K. Adranvala	Miss M. Craig (Delhi)	Jt. Hon. Treasurer	Miss A. Roy, April 1949	Miss A.	
	1 Underhill Lane, Delhi	Miss C. Kurian (North)	Miss Lakshmi Devi and Miss	Miss I. Dorabji (Acting)	Roy, Miss I.	
		Mrs. E. Wat ^r (South)	E. Buchanan, Delhi		Dorabji	
		Mrs. F. Anthony (East)				
		Miss E.H. Paull (West)				
		Rev. Mother				
		Kinesburg (Central)				
1950	Miss T.K. Adranvala	Miss M. Craig (Delhi)	Jt. Treasurer Miss E.	Kum. Lakshmi Devi	Kum. Lakshmi	Miss I. Dorabji

1 Underhill Lane, Delhi	Miss C. Kurian (North) Mrs. E. Watts (South) Mrs. F. Anthony (East) Miss E.H. Pauli (West)	Buchanan Devi
1951	Miss T.K. Adranvala, 28, Alipur Raod, Delhi	Miss D. Davis I.M.N.S. G.H.Q. Medical Directorate New Delhi Jt. Hon. Treasurer Miss E. Carneiro, Willington Nursing Home, New Delhi
1952	Miss T.K. Adranvala, 28, Alipur Road, Delhi	Miss M. Korah (Delhi) Miss C. Kurian (North)
		Kum. Lakshmi Devi
		Miss I. Dorabji 28, Alipur Road Delhi
		Kum. Lakshmi Devi
		Miss I. Dorabji 28, Alipur Road Delhi

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	Mrs. E. Watts (South) Miss E.H. Paull (West and Central) Mrs. Najib Khan (East)	New Delhi Jt. Hon. Treasurer Miss E. Carneiro, Willingdon Nursing Home, New Delhi	Miss M. Korah (Delhi) Miss C. Kurian (North) Mrs. E. Watts (south) Miss E.H. Paull (West and Central) Mrs. Najib Khan (East)	Miss D. Davis I.M.N.S. G.H.Q. Medican Directorate, New Delhi (Jt. Hon. Treasurer Miss E. Carneiro, Willingdon Nursing Home, New Delhi	Kum. Lakshmi Devi	Miss. I. Dorabji 28, Alipur Road Delhi
1953	Miss T.K. Adranvala, 28, Alipur Road, Delhi				Kum. Lakshmi Devi	Miss I. Dorabji 28, Alipur Road Delhi
1954	Mrs. K. Najib Khan 6, Lake Road,		Miss M. Korah (Delhi) Miss C. Kurian	Miss T.K. Adranvala 28, Alipur Road,	Kum. Lakshmi Devi	

Jamshepur	1955	Mrs. K. Najib Khan 6 Lake Road, Jamshedpur Officiating Miss F. Taylor, Dean, School of Nursing, Vellore	Miss T.K. Adranvala 28, Alipur Road, (North) Miss F. Taylor (South) Miss E.H. Paul (West and Central) Mrs. A. Jacob (East)	Kum. Lakshmi Devi Der Gracht, Willingdon Nursing Home, Delhi	Miss I. Dorabji 28, Alipur Road Delhi
	1955 Sept.	Miss F. Taylor, Dean, School of Nursing, Vellore	Miss T.K. Adranvala 28, Alipur Road, (North) Miss F. Taylor (South) Miss E.H. Paul (West and	Kum. Lakshmi Devi Der Gracht, Willingdon Nursing Home, Delhi	Miss I. Dorabji 28, Alipur Road Delhi

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1956	Miss F. Taylor, Dean, School of Nursing, Vellore	Central) Mrs. A. Jacob (East)	Willingdon Nursing Home, Delhi	Miss T.K. Gracht, (Delhi) Mrs. C. George (North)	Kum. Lakshmi Devi, 28 Alipur Road, Delhi Jt. Hon. Treasurer Miss M. Craig, Delhi	Kum. Lakshmi Devi	Miss I. Dorabji 28, Alipur Road Delhi
1957	Miss E.H. Paull, 28, Alipur Road, Delhi	(West and Central) Mrs. A. Jacob (East)	Miss E.H. Paull (South)	Mr. M.A. Ahad Mrs. C. George (North)	Kum. Lakshmi Devi, 28 Alipur Road, Delhi Jt. Hon. Treasurer Miss M. Craig, Delhi	Kum. Lakshmi Devi	Miss I. Dorabji 28, Alipur Road Delhi
		(West & Central) Mrs. A. Jacob (East)		Mr. M.A. Ahad (South) Miss J. Mac Donald			

1958	Miss E.H. Paull, 28, Alipur Road, Delhi	Miss M. Thomas (Delhi) Miss G.P. Kapadia (North) Mr. M.A. Ahad (South) Miss I. Anderson (West & Central) Mrs. A. Jacob (East)	Kum. Lakshmi Devi, 28 Alipur Road, Delhi Jt. Hon Treasurer Miss M. Craig. Delhi	Miss I. Dorabji 28, Alipur Road Delhi
1959	Miss E.H. Paull Indian Red Cross Society, New Delhi	Miss M. Thomas (Delhi) Miss G.P. Kapadia (North) Miss I. Anderson (West and Central) Mrs. A. Jacob (East)	Kum. Lakshmi Devi, 32, Alipur Road, Delhi Adranvala, and Sr. Clare, Holy Family Hospital, Patna	Miss I. Dorabji, 32, Alipur Road, Delhi
1960	Miss E.H. Paull Indian Red Cross Society, New Delhi	Miss M. Thomas (Delhi) Miss G.P. Kapadia (North) Miss I. Anderson (West and Central) Mrs. A. Jacob (East)	Kum. Lakshmi Devi, 32 Alipur Road, Delhi Adranvala, and Sr. Clare, Holy Family Hospital, Patna	Miss I. Dorabji, 32, Alipur, Road, Delhi

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1961	Miss E.H. Paull Indian Red Cross Society, New Delhi	Miss B.G. Dawson Miss G.P. Kapadia Mr. M.A. Ahad	Miss M. Masih Safdarjung Hospital New Delhi	Kum. Lakshmi Devi, L-16, Green Park, New Delhi	Kum. Lakshmi Devi	Miss I. Dorabji, L-16, Green Park, New Delhi
1962	Miss E.H. Paull Indian Red Cross Society, New Delhi	Miss B.G. Dawson Miss G.P. Kapadia Mr. M.A. Ahad	Miss M. Masih Safdarjung Hospital New Delhi	Kum. Lakshmi Devi, L-16, Green Park, New Delhi	Kum. Lakshmi Devi	Miss I. Dorabji, L-16, Green Park, New Delhi
1963	Miss A. Jacob, C.M.C. Hospital Vellore	Miss B.G. Dawson (Delhi) Miss G.P. Kapadia (Lucknow)	Miss B.G. Dawson (Delhi)	Kum. Lakshmi Devi L-16, Green Park, New Delhi	Kum. Lakshmi Devi	Miss I. Dorabji, L-16, Green Park, New Delhi
1964	Miss A. Jacob, C.M.C. Hospital Vellore	Mr. M.A. Ahad (Hyderabad) Miss B.G. Dawson (Delhi)	Mr. M.A. Ahad (Hyderabad) Miss B.G. Dawson (Delhi)	Miss I. Dorabji L-16, Green Park, New Delhi	Miss I. Dorabji L-16, Green Park, New Delhi	Vacant Miss M. Phillips L-16, Green Park, New Delhi (appointed in July 1964)
1965	Miss A. Jacob, C.M.C. Hospital Vellore	Mr. M.A. Ahad (Hyderabad) Miss E.H. Paull (Delhi)	Mr. M.A. Ahad (Hyderabad) Miss B.G. Dawson (Delhi)	Miss I. Dorabji L-16, Green Park, New Delhi	Miss I. Dorabji L-16, Green Park, New Delhi	Miss M. Phillips L-16, Green Park, New Delhi

1966	Miss A. Jacob, C.M.C. Hospital, Vellore	Miss E.H. Paul (Delhi) Mr. M.A. Ahad (Mysore) Miss G.P.	Miss B.G. Dawson (Delhi)	Miss I. Dorabji L-16, Green Park, New Delhi	Miss M. Phillips L-16, Green Park, New Delhi
1967	Miss A. Jacob, C.M.C. Hospital, Vellore	Kapadia (UP) Miss E.H. Paul (Delhi) up to 1967 Oct. Mrs. A. Gupta Mr. M.A. Ahad (Mysore) Miss G.P.	Miss B.G. Dawson (Delhi)	Miss I. Dorabji L-16, Green Park, New Delhi	Miss M. Phillips L-16, Green Park, New Delhi
1968	Miss A. Jacob, C.M.C. Hospital, Vellore	Kapadia (UP) Miss B.G. Dawson Mr. M.A. Ahad Miss A. Kuruvilla	Miss B.G. Dawson (Delhi)	Miss M. Phillips L-16, Green Park, New Delhi	Vacant
1969	Miss B.G. Dawson (Acting President)	Kapadia (UP) Miss B.G. Dawson Mr. M.A. Ahad Miss A. Kuruvilla	Miss B.G. Dawson (Delhi)	Miss M. Phillips L-16, Green Park, New Delhi	Vacant
1970	Miss A. Kuruvilla, Dean, College of	Mr. P.V. Prabhu (Mysore) Miss J.D. Pcowar	Mrs. A. Mamman T.B. Hospital	Miss M. Phillips L-16, Green Park,	SNA Advisor Vacant Mr. G. Mathew appointed in

1	2	3	4	5	6
Nursing, Vellore	(Maharashtra) Mrs. B. Thakurdas (Delhi)	Mahrauli Delhi	New Delhi	January, 1969	
1971.	Miss A. Kuruvilla Dean, College of Nursing Vellore	Mr. P.V. Prabhu, (Mysore) Miss J.D. Powar, (Maharashtra) Mrs. B. Thakurdas, (Delhi)	Mrs. A. Mammen, T.B. Hospital, Mehrauli, New Delhi	Miss M. Phillips L-1,6, Green Park New Delhi	Mrs. G. Mathew L-16, Green Park New Delhi
1972	Miss A. Kuruvilla Dean, College of Nursing, Vellore	Mr. P.V. Prabhu, (Mysore) Miss J.D. Powar, (Maharashtra) Mrs. B. Thakurdas, (Delhi)	Mrs. A. Mammen, T.B. Hospital, Mehrauli, New Delhi	Miss M. Phillips, L-16, Green Park, New Delhi	Mr. G. Mathew L-6, Green Park, New Delhi
1973	Miss A. Kuruvilla, Dean, College of Nursing Vellore	Mr. P.V. Prabhu, (Mysore) Miss J.D. Powar, (Maharashtra) Mrs. B. Thakurdas (Delhi)	Mrs. A. Mammen, T.B. Hospital, Mehrauli, New Delhi	Miss M. Philliphs L-16, Green Park, New Delhi	Mr. G. Mathew L-16, Green Park, New Delhi
1974	Miss A. Cherian, Nursing Advisor Min. of Health, Nirman Bhawan, New Delhi	Miss J.D. Powar Mrs. B. Thakurdas	Mrs. A. Mammen, T.B. Hospital, Mehrauli, New Delhi	Miss M. Phillips L-16, Green Park, New Delhi	Mrs. N. Nagpal L-16, Green Park, New Delhi Appointed in May 1973 Resigns (Vacant)

1975	Miss A. Cherian, Nursing Advisor Min. of Health, Nirman Bhawan, New Delhi	Mrs. J.D. Powar Mrs. B. Thakurdas	Mrs. A. Mammen, T.B. Hospital, Mehrauli, New Delhi	Vacant Mrs. N. Nagpal officiating	Mrs. N. Nagpal L-16, Green Park New Delhi
1976	Miss A. Cherian, Nursing Advisor Min. of Health, Nirman Bhawan, New Delhi	Dr. (Mrs.) Sulochana Krishnan, Delhi Dr. (Miss) Ruth Harner	Mrs. A. Mammen, T.B. Hospital, Mehrauli, New Delhi	Mrs. Nagpal L-16, Green Park, New Delhi	Mrs. N. Nagpal L-16, Green Park, New Delhi
1977	Miss A. Cherian, Nursing Advisor Min. of Health, Nirman Bhawan, New Delhi	Miss J.D. Powar Dr. (Mrs.) Sulochana Krishnan, Delhi Dr. (Miss) Ruth Harner	Mrs. A. Mammen, T.B. Hospital, Mehrauli, New Delhi	Mrs. N. Nagpal L-16, Green Park, New Delhi	Mrs. N. Nagpal L-16, Green Park, New Delhi
1978	Miss A. Cherian, Nursing Advisor Min. of Health, Nirman Bhawan, New Delhi	Miss J.D. Powar Dr. (Mrs.) Sulochana Krishnan, Delhi Dr. (Miss) Ruth Harner	Mrs. A. Mammen, T.B. Hospital, Mehrauli, New Delhi	Mrs. N. Nagpal L-16, Green Park, New Delhi	Mrs. N. Nagpal L-16, Green Park, New Delhi
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L-16, Green
Park,
New Delhi
(appointed in
August, 1978)

Miss D.K. Singh
(Resigned in
Aug. 1979)

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L-16, Green
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New Delhi

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